

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
IMPACT

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
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| M | M |
| 1 | 1 |

| | |
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| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| 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 | 92854.41 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 98974.83 | 395231.06 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 191829.24 | 547354.26 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 178150.86 | 533675.88 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 13678.38 | 13678.38 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
IMPACT

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| 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 | 42850.00 | 74200.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 450.00 | 1150.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 43300.00 | 75350.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 55500.00 | 317535.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 98800.00 | 392885.00 |
| 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) | 60.00 | 153.06 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 114.83 | 2193.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 98974.83 | 395231.06 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 98974.83 | 395231.06 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 20650.86 | 91175.88 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 20650.86 | 91175.88 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 147500.00 | 427500.00 |
| 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..... | 10000.00 | 15000.00 |
| 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)).. | 178150.86 | 533675.88 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 178150.86 | 533675.88 |

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) | 98800.00 | 392885.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 98800.00 | 392885.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 20650.86 | 91175.88 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 60.00 | 153.06 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 20590.86 | 91022.82 |

**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 / 42 |
| | <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. | Full Name (Last, First, Middle Initial) Katherine Childress | | Date of Receipt MM / DD / YYYY 11 / 04 / 2008 |
| | Mailing Address 7131 Arlington Rd. #543 | | Transaction ID: C5247950 |
| | City Bethesda | State MD | Zip Code 20814 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5000.00 |
| | Name of Employer Self Employed | Occupation Consultant | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Victor H. Fazio | | Date of Receipt MM / DD / YYYY 10 / 27 / 2008 |
| | Mailing Address 1333 New Hampshire Avenue, NW | | Transaction ID: C39368 |
| | City Washington | State DC | Zip Code 20036 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 375.00 |
| | Name of Employer Akin Gump Strauss Hauer & Feld LLP | Occupation Partner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 375.00 | |

| | | | |
|---|--|---|---|
| C. | Full Name (Last, First, Middle Initial) Gudmundur Kjaernested | | Date of Receipt MM / DD / YYYY 10 / 24 / 2008 |
| | Mailing Address 332 Field Point Rd. | | Transaction ID: C39355 |
| | City Greenwich | State CT | Zip Code 06830 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| | Name of Employer TransAtlantic Lines LLC | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 600.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5975.00 |
| 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 7 / 42
(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)
Lee H. Perlman

Mailing Address 10 Orsini Drive

City State Zip Code
Larchmont NY 10538

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

Name of Employer: Greater New York Hospital Association
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C39374
 Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
Kenneth E. Raske

Mailing Address 555 West 57th Street

City State Zip Code
New York NY 10019

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

Name of Employer: Greater New York Hospital Association
Occupation: President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C39372
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
David C. Rich

Mailing Address 555 W. 57th St

City State Zip Code
New York NY 10019

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

Name of Employer: Greater New York Hospital Association
Occupation: Executive VP - Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: C39373
 Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IMPACT

A. Full Name (Last, First, Middle Initial)
James S. Richman
Mailing Address 860 U.N. Plaza
City New York State NY Zip Code 10017
FEC ID number of contributing federal political committee. **C**
Name of Employer Richloom Fabrics Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 24 / 2008
Transaction ID: C39328
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Dennis Riese
Mailing Address 587 Duck Pond Rd.
City Matinecock State NY Zip Code 11560
FEC ID number of contributing federal political committee. **C**
Name of Employer Riese Organization Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 29 / 2008
Transaction ID: C39363
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Randi S. Riese
Mailing Address 587 Duck Pond Rd.
City Matinecock State NY Zip Code 11560
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 29 / 2008
Transaction ID: C39364
Amount of Each Receipt this Period 5000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 42

(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)
Liz Robbins

Mailing Address c/o Liz Robbins Associates
441 New Jersey Ave. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Self Employed Lobbyist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C39358

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Brandon C. Rose

Mailing Address 625 Mt. Hope Rd.

City State Zip Code
Wharton NJ 07885

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

Name of Employer Occupation
TransAtlantic Lines LLC President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C39356

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
Thomas S. Smith, Jr.

Mailing Address 16 Oriole Ave.

City State Zip Code
Bronxville NY 10708

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

Name of Employer Occupation
Reed Business Information Executive

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 / 2 2 / 2 0 0 8

Transaction ID: C39353

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)

6600.00

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 10 / 42 |
| | <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) Leon Wagner | Date of Receipt MM / DD / YYYY 10 / 24 / 2008 |
| | Mailing Address 8 Lincoln Woods | Transaction ID: C39327 |
| | City State Zip Code Purchase NY 10577 | Amount of Each Receipt this Period 5000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Golden Tree Asset Management Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Wole Adeoye | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| | Mailing Address 2028 Ravina Park Rd. | Transaction ID: C39345 |
| | City State Zip Code Decatur IL 62526 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Victory Pharmacy Occupation Owner 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

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| | Mailing Address 100 Daingerfield Rd. | Transaction ID: C39345B |
| | 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 National Community Pharmacists Occupation Conduit total listed in Agg. field Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5625.00 |

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

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 5250.00 |
| TOTAL This Period (last page this line number only) | |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 42
(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)
Stephen Bernardi
Mailing Address 250 Grove St.
City Framingham State MA Zip Code 01701
FEC ID number of contributing federal political committee. **C**
Name of Employer Johnson Drug Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C39338
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 Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00030809
Name of Employer National Community Pharmacists Occupation Conduit total listed in Agg. field
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5625.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C39338B
Amount of Each Receipt this Period 250.00
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
John R. Carson
Mailing Address 4118 Mt. Laurel
City San Antonio State TX Zip Code 78240
FEC ID number of contributing federal political committee. **C**
Name of Employer Carson Drug LLC Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C39348
Amount of Each Receipt this Period 250.00
* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 42
(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)
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 National Community Pharmacists
Occupation Conduit total listed in Agg. field

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5625.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C39348B

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Charles D. Cottrell

Mailing Address 114 Brooks Blvd.

City State Zip Code
Brewton AL 36426

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

Name of Employer Medical Center Pharmacy
Occupation Owner

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C39349

Amount of Each Receipt this Period
1000.00

* Earmarked Contribution:
See Below

C. 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 National Community Pharmacists
Occupation Conduit total listed in Agg. field

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5625.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C39349B

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 42
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Delbert M. Cranford | | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| Mailing Address 17941 South Highway 109 | | Transaction ID: C39333 |
| City Denton | State NC | Zip Code 27239 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Yadkin Valley Pharmacy | Occupation Pharmacist | * Earmarked Contribution: See Below |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC | | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| Mailing Address 100 Daingerfield Rd. | | Transaction ID: C39333B |
| City Alexandria | State VA | Zip Code 22314 |
| FEC ID number of contributing federal political committee. C C00030809 | | Amount of Each Receipt this Period 250.00 |
| Name of Employer National Community Pharmacists | Occupation Conduit total listed in Agg. field | [MEMO ITEM] 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 ▼ 5625.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Timothy A. Dittenhoefer | | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| Mailing Address 12 Alexander Blvd. | | Transaction ID: C39340 |
| City Poughkeepsie | State NY | Zip Code 12603 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Smith Street Pharmacy | Occupation President | * Earmarked Contribution: See Below |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 14 / 42
(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)
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 National Community Pharmacists
Occupation Conduit total listed in Agg. field
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5625.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C39340B
Amount of Each Receipt this Period 250.00
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Howard Feirman
Mailing Address 122 Linden Ave.
City Lynbrook State NY Zip Code 11563
FEC ID number of contributing federal political committee. **C**
Name of Employer Prescription Headquarters
Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C39337
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 National Community Pharmacists
Occupation Conduit total listed in Agg. field
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5625.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C39337B
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 15 / 42 |
| | <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) Ira Freeman | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| | Mailing Address 12660 Riverside Dr. Suite 100 | Transaction ID: C39329 |
| | City State Zip Code Valley Village CA 91607 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Key Pharmacy Occupation Owner 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. | Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| | Mailing Address 100 Daingerfield Rd. | Transaction ID: C39329B |
| | 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 National Community Pharmacists Occupation Conduit total listed in Agg. field Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5625.00 |

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

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Robert Giaquinto | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| | Mailing Address 19 Redfield St. | Transaction ID: C39343 |
| | City State Zip Code Rye NY 10580 | Amount of Each Receipt this Period 225.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Rye Beach Pharmacy Occupation Pharmacist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 |

* Earmarked Contribution: See Below

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 475.00 |
| 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 16 / 42 |
| | <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. 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 National Community Pharmacists Occupation Conduit total listed in Agg. field
 Receipt For: Primary General Aggregate Year-to-Date **5625.00**
 Other (specify) ▼

Date of Receipt: 10 / 23 / 2008
Transaction ID: C39343B
 Amount of Each Receipt this Period: 225.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
 Gary L. Haas
 Mailing Address 5709 Red Hill Rd.
 City Keedysville State MD Zip Code 21756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boonsboro Pharmacy Occupation President
 Receipt For: Primary General Aggregate Year-to-Date **250.00**
 Other (specify) ▼

Date of Receipt: 10 / 23 / 2008
Transaction ID: C39346
 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 National Community Pharmacists Occupation Conduit total listed in Agg. field
 Receipt For: Primary General Aggregate Year-to-Date **5625.00**
 Other (specify) ▼

Date of Receipt: 10 / 23 / 2008
Transaction ID: C39346B
 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: PAGE 17 / 42
(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)
Richard L. Irby
Mailing Address 1513 Burmeister
City Fort Worth State TX Zip Code 76134
FEC ID number of contributing federal political committee. **C**
Name of Employer Hallmark Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C39332
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 National Community Pharmacists Occupation Conduit total listed in Agg. field
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5625.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C39332B
Amount of Each Receipt this Period 300.00
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Carl P. Mudrick
Mailing Address 2011 Coyne St.
City Honolulu State HI Zip Code 96826
FEC ID number of contributing federal political committee. **C**
Name of Employer Corner Pharmacy Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C39339
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: PAGE 18 / 42
(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)
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 National Community Pharmacists
Occupation Conduit total listed in Agg. field

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5625.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C39339B

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Rita Perine

Mailing Address 51 W. Flint Hills Dr.

City State Zip Code
Alma KS 66401

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

Name of Employer Dougs Pharmacy
Occupation Pharmacist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C39336

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 State Zip Code
Alexandria VA 22314

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

Name of Employer National Community Pharmacists
Occupation Conduit total listed in Agg. field

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5625.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C39336B

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: PAGE 19 / 42
(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)
John J. Riehl

Mailing Address 11 Wilson Dr.

City State Zip Code
Holland PA 18966

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

Name of Employer Occupation
Ring's Drugs 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 / 2 3 / 2 0 0 8

Transaction ID: C39342

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
National Community Pharmacists Conduit total listed in Agg. field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5625.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C39342B

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
John A. Staszal

Mailing Address 16251 Main St.

City State Zip Code
Guerneville CA 95446

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

Name of Employer Occupation
Lark Drugs Owner

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 / 2 3 / 2 0 0 8

Transaction ID: C39344

Amount of Each Receipt this Period
250.00

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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 20 / 42
(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)
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 National Community Pharmacists
 Occupation Conduit total listed in Agg. field
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5625.00
 Date of Receipt 10 / 23 / 2008
Transaction ID: C39344B
 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 B. Story
 Mailing Address 109 South Lake Ave.
 City State Zip Code
 Pahokee FL 33476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Glades Drug
 Occupation Pharmacist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 23 / 2008
Transaction ID: C39334
 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 State Zip Code
 Alexandria VA 22314
 FEC ID number of contributing federal political committee. **C** C00030809
 Name of Employer National Community Pharmacists
 Occupation Conduit total listed in Agg. field
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5625.00
 Date of Receipt 10 / 23 / 2008
Transaction ID: C39334B
 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: PAGE 21 / 42

(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)
John V. Tonjuk

Mailing Address 3802 San Poppi Ct.

City State Zip Code
Ozark MO 65721

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

Name of Employer Occupation
Marionville Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 3 | | 2 | 0 | 0 | 8 |

Transaction ID: C39347

Amount of Each Receipt this Period
500.00

* 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
National Community Pharmacists Conduit total listed in Agg. field

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5625.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 3 | | 2 | 0 | 0 | 8 |

Transaction ID: C39347B

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

42850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 42

(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 |

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

NAME OF COMMITTEE (In Full)
IMPACT

A.

Full Name (Last, First, Middle Initial)
AFSCME-PEOPLE

Mailing Address 1625 L Street, N.W.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20036 |

FEC ID number of contributing federal political committee. **C** C00011114

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 | | 3 | 1 | | 2 | 0 | 0 | 8 |

Transaction ID: C39376

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
American College of Cardiology PAC

Mailing Address 2400 N St. NW

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20037 |

FEC ID number of contributing federal political committee. **C** C00375360

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 | | 3 | 0 | | 2 | 0 | 0 | 8 |

Transaction ID: C39369

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
American Federation of Teachers -COPE

Mailing Address 555 New Jersey Ave., NW

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

FEC ID number of contributing federal political committee. **C** C00028860

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 | | 2 | 3 | | 2 | 0 | 0 | 8 |

Transaction ID: C39351

Amount of Each Receipt this Period
5000.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 23 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
IMPACT

A. Full Name (Last, First, Middle Initial)
Cisco Systems E-PAC
Mailing Address 20 Park Rd. Suite E
City State Zip Code
Burlingame CA 94010
FEC ID number of contributing federal political committee. **C** C00362707
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8
Transaction ID: C39378
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Democratic Republican Independent Voter Education
Mailing Address 25 Louisiana Avenue, N.W.
City State Zip Code
Washington DC 20001
FEC ID number of contributing federal political committee. **C** C00032979
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8
Transaction ID: C39367
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
General Electric PAC
Mailing Address 1299 Pennsylvania Ave., NW
City State Zip Code
Washington DC 20004
FEC ID number of contributing federal political committee. **C** C00024869
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8
Transaction ID: C39354
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 12000.00
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 24 / 42
(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)
Greenberg Traurig, P.A. PAC

Mailing Address 1221 Brickell Ave.

City State Zip Code
Miami FL 33131

FEC ID number of contributing federal political committee. **C** C00266585

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
1 0 / 2 8 / 2 0 0 8

Transaction ID: C39365

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Holland & Knight Committee for Effective Governmen

Mailing Address 2099 Pennsylvania Ave., NW
Suite 100

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C5328356

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Massachusetts Mutual Life Insurance Company PAC

Mailing Address 1295 State St.

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

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
1 1 / 1 2 / 2 0 0 8

Transaction ID: C39379

Amount of Each Receipt this Period
3000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 42
(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)
National Association of Home Builders PAC

Mailing Address 1201 15th St. NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 23 / 2008
Transaction ID: C39352
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Office of the Comm of Major League Baseball PAC

Mailing Address 1050 Connecticut Ave., NW #1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 20 / 2008
Transaction ID: C5328358
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Pepsi-Cola Bottlers Association Inc.-PCBA PAC

Mailing Address 99 Trophy Club Dr.

City Trophy Club State TX Zip Code 76262

FEC ID number of contributing federal political committee. **C** C00122671

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt: 11 / 17 / 2008
Transaction ID: C5312688
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 8500.00

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 26 / 42
(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)
SAKS Inc. Fund for Retail Growth PAC

Mailing Address 750 Lakeshore Parkway

City Birmingham State AL Zip Code 35211

FEC ID number of contributing federal political committee. **C** C00332965

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: C39370
Amount of Each Receipt this Period: 5000.00

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

Mailing Address 1301 K St. NW
Suite 600 East Tower

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 31 / 2008
Transaction ID: C39377
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Trucking PAC of the American Trucking Associations

Mailing Address 430 First St. SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: C39375
Amount of Each Receipt this Period: 3000.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 13000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 55500.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 27 / 42 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

A.

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Citizens Bank | | Date of Receipt |
| Mailing Address 720 South Main Street | | <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/> |
| City | State | Zip Code |
| Sharon | MA | 02067 |
| FEC ID number of contributing federal political committee. | | Transaction ID: C5322228 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="114.83"/> |
| Name of Employer | Occupation | |
| | | |
| Receipt For: | Aggregate Year-to-Date ▼ | * Interest |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="2193.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="114.83"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="114.83"/> |

**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: D272076 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>1</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 | 1 | | 0 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 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: D272077 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>1</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 | 1 | | 0 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 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) Kelly Glynn | Transaction ID: D272071 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>1</td><td></td><td>1</td><td>9</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 | 1 | | 1 | 9 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 1 | 9 | | 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>10000.00</td></tr></table> | 10000.00 | | | | | | | | | | | | | | | | | | |
| 10000.00 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |
| | | 001 Category/ Type | | | | | | | | | | | | | | | | | | | |
| | | Not for Federal Candidate | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>10830.47</td></tr></table> | 10830.47 |
| 10830.47 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 42

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) NGP Software, Inc. | Transaction ID: D6562 Date of Disbursement 10 / 21 / 2008 |
| | Mailing Address 5039 Connecticut Ave., NW Suite 1A | Amount of Each Disbursement this Period 1100.00 |
| | City Washington State DC Zip Code 20008 | |
| | Purpose of Disbursement Software 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) Brad Thompson | Transaction ID: D272072 Date of Disbursement 11 / 19 / 2008 |
| | Mailing Address 215 W 13th St., #5A | Amount of Each Disbursement this Period 5000.00 |
| | City New York State NY Zip Code 10011 | |
| | Purpose of Disbursement Consulting Services-Fundraising Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

Not for Federal Candidate

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Brad Thompson | Transaction ID: D272078 Date of Disbursement 11 / 01 / 2008 |
| | Mailing Address 215 W 13th St., #5A | Amount of Each Disbursement this Period 1000.00 |
| | City New York State NY Zip Code 10011 | |
| | Purpose of Disbursement Consulting Services-Fundraising Candidate Name | 003 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

Not for Federal Candidate

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7100.00 |
| 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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C. | Transaction ID: D6558 Date of Disbursement 10 / 21 / 2008 |
| | Mailing Address 124 Washington St. Suite 101 | Amount of Each Disbursement this Period 1016.97 |
| | 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: D6560 Date of Disbursement 10 / 21 / 2008 |
| | Mailing Address P.O. Box 15124 | Amount of Each Disbursement this Period 49.91 |
| | 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: D6575 Date of Disbursement 10 / 31 / 2008 |
| | Mailing Address P.O. Box 2853 | Amount of Each Disbursement this Period 1473.17 |
| | 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) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2540.05 |
| 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

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Aramark</p> <p>Mailing Address 50 Rt. 120</p> <p>City East Rutherford State NJ Zip Code 07073</p> <p>Purpose of Disbursement Reception-Catering Not for Fed Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6576</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1228.04"/></p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Aramark</p> <p>Mailing Address 50 Rt. 120</p> <p>City East Rutherford State NJ Zip Code 07073</p> <p>Purpose of Disbursement Reception-Catering Not for Fed Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6580</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.60"/></p> <p>[MEMO ITEM]</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 208 East 51st St.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6577</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.53"/></p> <p>[MEMO ITEM]</p> |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="0.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="20470.52"/> |

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Citizens for Colleen Callahan</p> <p>Mailing Address PO Box 9458</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement 2008 IL-H-18-General</p> <p>Candidate Name Colleen Callahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 18</p> | <p>Transaction ID: D6559</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Dan 10</p> <p>Mailing Address 1088 Bishop St. Suite 1009</p> <p>City Honolulu State HI Zip Code 96813</p> <p>Purpose of Disbursement 2010 HI-S--Primary</p> <p>Candidate Name Daniel K. Inouye</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: HI District:</p> | <p>Transaction ID: D6591</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Dan 10</p> <p>Mailing Address 1088 Bishop St. Suite 1009</p> <p>City Honolulu State HI Zip Code 96813</p> <p>Purpose of Disbursement 2010 HI-S--General</p> <p>Candidate Name Daniel K. Inouye</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: HI District:</p> | <p>Transaction ID: D6592</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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)

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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

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Evan Bayh Committee</p> <p>Mailing Address PO Box 441749</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement 2010 IN-S--Primary</p> <p>Candidate Name Evan Bayh</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6581</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Evan Bayh Committee</p> <p>Mailing Address PO Box 441749</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement 2010 IN-S--General</p> <p>Candidate Name Evan Bayh</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6582</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Feingold Senate Committee</p> <p>Mailing Address PO Box 620062</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement 2010 WI-S--Primary</p> <p>Candidate Name Russell D. Feingold</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6589</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Feingold Senate Committee</p> <p>Mailing Address PO Box 620062</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement 2010 WI-S--General</p> <p>Candidate Name Russell D. Feingold</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6590 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 NV-S--Primary</p> <p>Candidate Name Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6601 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 NV-S--General</p> <p>Candidate Name Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6602 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Friends of Barbara Boxer <hr/> Mailing Address PO Box 641751 <hr/> City Los Angeles State CA Zip Code 90064 <hr/> Purpose of Disbursement 2010 CA-S--Primary Candidate Name Barbara Boxer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D6583 Date of Disbursement 11 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 |
| B. | Full Name (Last, First, Middle Initial) Friends of Barbara Boxer <hr/> Mailing Address PO Box 641751 <hr/> City Los Angeles State CA Zip Code 90064 <hr/> Purpose of Disbursement 2010 CA-S--General Candidate Name Barbara Boxer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D6584 Date of Disbursement 11 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 |
| C. | Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement 2010 AR-S--Primary Candidate Name Blanche L. Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D6595 Date of Disbursement 11 / 03 / 2008 <hr/> 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)

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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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement 2010 AR-S--General Candidate Name Blanche L. Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D6596 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type 011 |
| | |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan <hr/> Mailing Address PO Box 871 <hr/> City Bismarck State ND Zip Code 58502 <hr/> Purpose of Disbursement 2010 ND-S--Primary Candidate Name Byron L. Dorgan <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D6587 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type 011 |
| | |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan <hr/> Mailing Address PO Box 871 <hr/> City Bismarck State ND Zip Code 58502 <hr/> Purpose of Disbursement 2010 ND-S--General Candidate Name Byron L. Dorgan <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D6588 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type 011 |
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| 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)

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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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Friends of Chris Dodd</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement 2010 CT-S--Primary</p> <p>Candidate Name Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6585 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Friends of Chris Dodd</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement 2010 CT-S--General</p> <p>Candidate Name Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6586 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Leahy for US Senate Committee</p> <p>Mailing Address PO Box 1042</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement 2010 VT-S--Primary</p> <p>Candidate Name Patrick Leahy</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6593 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Leahy for US Senate Committee</p> <p>Mailing Address PO Box 1042</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement 2010 VT-S--General</p> <p>Candidate Name Patrick Leahy</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6594 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Martin for Senate Inc.</p> <p>Mailing Address P.O. Box 7219</p> <p>City Atlanta State GA Zip Code 30357</p> <p>Purpose of Disbursement 2008 GA-S--Runoff</p> <p>Candidate Name James F. Martin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff</p> | <p>Transaction ID: D272075 Date of Disbursement 11 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Massa for Congress</p> <p>Mailing Address 59 East Market St. Suite 244</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement 2008 NY-H-29-General</p> <p>Candidate Name Eric J. Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6574 Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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

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

FOR LINE NUMBER: (check only one)

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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

A.

Full Name (Last, First, Middle Initial)
Mikulski for Senate Committee

Transaction ID: D6597
Date of Disbursement

Mailing Address PO Box 13147

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 3 | | 2 | 0 | 0 | 8 |

City Baltimore State MD Zip Code 21203

Amount of Each Disbursement this Period

Purpose of Disbursement
2010 MD-S--Primary

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---------|
| 5000.00 |
|---------|

Candidate Name
Barbara Mikulski

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: MD District:

B.

Full Name (Last, First, Middle Initial)
Mikulski for Senate Committee

Transaction ID: D6598
Date of Disbursement

Mailing Address PO Box 13147

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 3 | | 2 | 0 | 0 | 8 |

City Baltimore State MD Zip Code 21203

Amount of Each Disbursement this Period

Purpose of Disbursement
2010 MD-S--General

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---------|
| 5000.00 |
|---------|

Candidate Name
Barbara Mikulski

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: MD District:

C.

Full Name (Last, First, Middle Initial)
Nevada State Democratic Party

Transaction ID: D6563
Date of Disbursement

Mailing Address 409 Horn St.

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

City Las Vegas State NV Zip Code 89107

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---------|
| 5000.00 |
|---------|

Candidate Name
Nevada State Democratic Party

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

SUBTOTAL of Disbursements This Page (optional)

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|----------|
| 15000.00 |
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TOTAL This Period (last page this line number only)

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**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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) People for Patty Murray US Senate Campaign | Transaction ID: D6599 Date of Disbursement |
| | Mailing Address PO Box 3662 | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> |
| | City Seattle State WA Zip Code 98124 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement 2010 WA-S--Primary | <input type="text" value="5000.00"/> |
| | Candidate Name Patty Murray | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) People for Patty Murray US Senate Campaign | Transaction ID: D6600 Date of Disbursement |
| | Mailing Address PO Box 3662 | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> |
| | City Seattle State WA Zip Code 98124 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement 2010 WA-S--General | <input type="text" value="5000.00"/> |
| | Candidate Name Patty Murray | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Salazar for Senate | Transaction ID: D6603 Date of Disbursement |
| | Mailing Address PO Box 600 | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> |
| | City Denver State CO Zip Code 80201 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement 2010 CO-S--Primary | <input type="text" value="5000.00"/> |
| | Candidate Name Ken Salazar | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Salazar for Senate</p> <p>Mailing Address PO Box 600</p> <p>City Denver State CO Zip Code 80201</p> <p>Purpose of Disbursement 2010 CO-S--General</p> <p>Candidate Name Ken Salazar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6604 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Wyden for Senate</p> <p>Mailing Address PO Box 3498</p> <p>City Portland State OR Zip Code 97208</p> <p>Purpose of Disbursement 2010 OR-S--Primary</p> <p>Candidate Name Ronald L. Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6605 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Wyden for Senate</p> <p>Mailing Address PO Box 3498</p> <p>City Portland State OR Zip Code 97208</p> <p>Purpose of Disbursement 2010 OR-S--General</p> <p>Candidate Name Ronald L. Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D6606 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

147500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 42

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

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NAME OF COMMITTEE (In Full)
IMPACT

A.

Full Name (Last, First, Middle Initial)
Franken Recount Fund

Mailing Address 2575 University Ave. West #100

City State Zip Code
Saint Paul MN 55114

Purpose of Disbursement
Recount Donation

Candidate Name
Franken Recount Fund

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

012
Category/
Type

Transaction ID: D272074

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00