

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

IMPACT

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

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

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

C00348607

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 05 01 2010 through 05 31 2010

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

Type or Print Name of Treasurer David A. Barrett

Signature of Treasurer Electronically Filed by David A. Barrett Date 06 18 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
IMPACT

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		70565.67
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	77414.76									
(c) Total Receipts (from Line 19)	31517.12	121042.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108931.88	191607.92								
7. Total Disbursements (from Line 31)	40703.69	123379.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68228.19	68228.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
IMPACT

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3000.00	10500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3000.00	10500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	28500.00	85500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	31500.00	96000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	25000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	17.12	42.25
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))	31517.12	121042.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31517.12	121042.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5703.69	18379.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5703.69	18379.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	105000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40703.69	123379.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40703.69	123379.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 17

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	31500.00	96000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31500.00	96000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5703.69	18379.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5703.69	18379.73

**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 / 17
	<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) James Fuiton		Date of Receipt
	Mailing Address 9240 NW Groveland Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 17 / 2010
	City Hillsboro	State OR	Zip Code 97124
	FEC ID number of contributing federal political committee. C		Transaction ID: C5898784
	Amount of Each Receipt this Period		<input type="text"/> 1000.00
Name of Employer Metro West Ambulance		Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Michael N. Altman Fine Art & Advisory Services LLC		Date of Receipt
	Mailing Address 11 East 68th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 11 / 2010
	City New York	State NY	Zip Code 10021
	FEC ID number of contributing federal political committee. C		Transaction ID: C5898762
	Amount of Each Receipt this Period		<input type="text"/> 2000.00
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00

LLC - Members below if it-
emized. Permissible funds.

C.	Full Name (Last, First, Middle Initial) Michael N. Altman		Date of Receipt
	Mailing Address 11 East 68th St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 11 / 2010
	City New York	State NY	Zip Code 10021
	FEC ID number of contributing federal political committee. C		Transaction ID: C5898764
	Amount of Each Receipt this Period		<input type="text"/> 2000.00
Name of Employer Michael N. Altman Fine Art & Advisory		Occupation Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IMPACT

A. Full Name (Last, First, Middle Initial)
American Federation of Teachers -COPE
Mailing Address 555 New Jersey Ave., NW
City Washington State DC Zip Code 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 05 / 17 / 2010
Transaction ID: C5912095
Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
CME Group Inc. PAC
Mailing Address 20 South Wacker Dr.
City Chicago State IL Zip Code 60606
FEC ID number of contributing federal political committee. **C** C00076299
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 05 / 18 / 2010
Transaction ID: C5912092
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
International Assoc. of Fire Fighters PAC
Mailing Address 1750 New York Ave., NW
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00029447
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 05 / 17 / 2010
Transaction ID: C5912094
Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 12500.00
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 / 17
(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)
International Securities Exchange Inc. PAC

Mailing Address 60 Broad Street

City State Zip Code
New York NY 10004

FEC ID number of contributing federal political committee. **C** C00382226

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: C5898771

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Mailing Address 1401 H Street, NW
Suite 1200

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2010

Transaction ID: C5874706

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Lockheed Martin Employees' PAC

Mailing Address 1550 Crystal Drive
Suite 300

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: C5912096

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 / 17
 (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)
New Era Cap Co. Inc. PAC

Mailing Address 160 Delaware Ave.

City State Zip Code
Buffalo NY 14202

FEC ID number of contributing federal political committee. **C** C00451351

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 7 / 2 0 1 0

Transaction ID: C5898768

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	28500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 17	
	(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"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 8 / 2 0 1 0
City	State	Zip Code
Sharon	MA	02067
FEC ID number of contributing federal political committee.		Transaction ID: C6175826
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 17.12
Name of Employer	Occupation	* Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text"/> 42.25		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 17.12
TOTAL This Period (last page this line number only)	<input type="text"/> 17.12

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. Full Name (Last, First, Middle Initial) 509 Madison Avenue Associates, LP</p> <p>Mailing Address c/o Kensico Properties 509 Madison Ave.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Rent (Includes Utilities) 001 Candidate Name Category/ Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D341488 Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>649.94</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	1	0	649.94
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	1		2	0	1	0													
649.94																						
<p>B. Full Name (Last, First, Middle Initial) 509 Madison Avenue Associates, LP</p> <p>Mailing Address c/o Kensico Properties 509 Madison Ave.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Rent (includes utilities) 001 Candidate Name Category/ Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D341567 Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>649.94</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	0	649.94
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	0		2	0	1	0													
649.94																						
<p>C. Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 720 South Main Street</p> <p>City Sharon State MA Zip Code 02067</p> <p>Purpose of Disbursement Bank Charge 001 Candidate Name Category/ Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D341960 Date of Disbursement <table border="1" style="width: 100%;"> <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>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>25.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1	0	25.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	0		2	0	1	0													
25.00																						

SUBTOTAL of Disbursements This Page (optional) ►

1324.88

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) Express EMPS	Transaction ID: D341492 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="25.00"/>
	Candidate Name	<input type="text" value="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) NGP Software, Inc.	Transaction ID: D341489 Date of Disbursement
	Mailing Address 5039 Connecticut Ave., NW Suite 1A	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Software	<input type="text" value="750.00"/>
	Candidate Name	<input type="text" value="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) NGP Software, Inc.	Transaction ID: D341569 Date of Disbursement
	Mailing Address 5039 Connecticut Ave., NW Suite 1A	<input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Software	<input type="text" value="750.00"/>
	Candidate Name	<input type="text" value="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)	<input type="text" value="1525.00"/>
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
IMPACT

A.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: D341570 Date of Disbursement 05 / 17 / 2010
	Mailing Address 1201 Third Ave. Suite 4800	Amount of Each Disbursement this Period 72.00
	City Seattle State WA Zip Code 98101	
	Purpose of Disbursement Professional Services-Legal Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TFS Consulting	Transaction ID: D341574 Date of Disbursement 05 / 20 / 2010
	Mailing Address 426 C St. NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Consulting Service-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

C.	Full Name (Last, First, Middle Initial) TFS Consulting	Transaction ID: D341566 Date of Disbursement 05 / 10 / 2010
	Mailing Address 426 C St. NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Consulting Service-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)	2072.00
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: D341571 Date of Disbursement 05 / 18 / 2010
	Mailing Address 124 Washington St. Suite 101	Amount of Each Disbursement this Period 641.82
	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) American Express	Transaction ID: D341490 Date of Disbursement 05 / 04 / 2010
	Mailing Address P.O. Box 2853	Amount of Each Disbursement this Period 139.99
	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) ▼

C.	Full Name (Last, First, Middle Initial) Security Metrics	Transaction ID: D341491 Date of Disbursement 05 / 04 / 2010
	Mailing Address 462 East 800 North	Amount of Each Disbursement this Period 139.99
	City Orem State UT Zip Code 84097	
	Purpose of Disbursement Website Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	781.81
TOTAL This Period (last page this line number only)	5703.69

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

A. Full Name (Last, First, Middle Initial) Conway for Senate Mailing Address P.O. Box 6168 City Louisville State KY Zip Code 40206 Purpose of Disbursement 2010 KY-S--Primary Debt Candidate Name John W Conway Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt	Transaction ID: D341575 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0 Amount of Each Disbursement this Period 5000.00 Category/Type 011
--	--	---

B. Full Name (Last, First, Middle Initial) Conway for Senate Mailing Address P.O. Box 6168 City Louisville State KY Zip Code 40206 Purpose of Disbursement 2010 KY-S--General Candidate Name John W Conway Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D341576 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0 Amount of Each Disbursement this Period 5000.00 Category/Type 011
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C. Full Name (Last, First, Middle Initial) Fisher for Ohio Mailing Address P.O. Box 1418 City Columbus State OH Zip Code 43216 Purpose of Disbursement 2010 OH-S--General Candidate Name Lee Irwin Fisher Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D341568 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 0 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) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

<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--Runoff 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: D341573 Date of Disbursement 05 / 19 / 2010	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Sestak for Senate <hr/> Mailing Address P.O. Box 1936 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement 2010 PA-S--Primary Debt Candidate Name Joseph A Sestak, Jr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt	Transaction ID: D341577 Date of Disbursement 05 / 26 / 2010	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Sestak for Senate <hr/> Mailing Address P.O. Box 1936 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement 2010 PA-S--General Candidate Name Joseph A Sestak, Jr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D341578 Date of Disbursement 05 / 26 / 2010	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)

PAGE 17 / 17

<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)
Washington State Democratic Party

Mailing Address P.O. Box 4027

City State Zip Code
Seattle WA 98194

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D341579

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

35000.00