

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

IMPACT

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		93757.37
(b) Cash on Hand at Beginning of Reporting Period.....	96129.03	
(c) Total Receipts (from Line 19)	93190.36	338943.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	189319.39	432700.94
7. Total Disbursements (from Line 31).....	60146.83	303528.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	129172.56	129172.56
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

IMPACT

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2500.00	10000.00
(ii) Unitemized	190.00	190.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2690.00	10190.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	90500.00	328750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	93190.00	338940.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.36	3.57
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	93190.36	338943.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	93190.36	338943.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	35146.83	171528.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35146.83	171528.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	131000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60146.83	303528.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60146.83	303528.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	93190.00	338940.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	93190.00	338940.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35146.83	171528.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35146.83	171528.38

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
<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

Full Name (Last, First, Middle Initial)
A. Sallie Mae Inc. PAC

Mailing Address 2001 Edmund Halley Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : C10155210

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Echostar Corp. and Dish Network Corp. PAC

Mailing Address 1233 20th Street, NW Suite 302

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00330647

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : C10155220

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Federal Express PAC

Mailing Address 942 South Shady Grove Rd. 1st Fl.

City Memphis State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : C10156310

Amount of Each Receipt this Period
5000.00

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: (check only one)	PAGE 8 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. Council of Insurance Agents & Brokers PAC

Mailing Address 701 Pennsylvania Ave. NW #750

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : C10151160

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
B. Quicken Loans Inc. PAC

Mailing Address 101 S. Washington Square Suite 620

City Lansing State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00388827

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : C10151170

Amount of Each Receipt this Period
 4000.00

Full Name (Last, First, Middle Initial)
C. Insured Retirement Institute, Inc. PAC

Mailing Address 1101 New York Avenue NW Suite 825

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00490474

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : C10151190

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. Managed Funds Association PAC

Mailing Address 600 14th Street, NW
Suite 900

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00306894

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : C10151161

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Nomura Holding America Inc., Political Action Committee

Mailing Address 1101 Pennsylvania Ave., NW Ste. 51

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00491951

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : C10151181

Amount of Each Receipt this Period
2500.00

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

Mailing Address 7000 Cardinal Place

City Dublin State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C** C00332833

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : C10155202

Amount of Each Receipt this Period
5000.00

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: (check only one)	PAGE 10 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial) A. American Association of Nurse Anesthetists CRNA PAC		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 Transaction ID : C10155212
Mailing Address 25 Massachusetts Ave. NW Suite 550		Amount of Each Receipt this Period 1000.00
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. C C00173153	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) B. Political Action Committee of the American Assoc. of Orthopaedic Surgeons (AAOS)		Date of Receipt MM / DD / YYYY 07 / 21 / 2014 Transaction ID : C10155172
Mailing Address 317 Massachusetts Ave., NE 1st Floor		Amount of Each Receipt this Period 5000.00
City Washington State DC Zip Code 20002	FEC ID number of contributing federal political committee. C C00343137	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Full Name (Last, First, Middle Initial) c. Oracle America, Inc. PAC		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 Transaction ID : C10155223
Mailing Address 1015 15th Street NW Suite 200		Amount of Each Receipt this Period 2500.00
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00323048	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00

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: (check only one)	PAGE 11 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. International Association 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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : C10155204

Amount of Each Receipt this Period
5000.00

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

Mailing Address 1615 L Street, NW Suite 900

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : C10155214

Amount of Each Receipt this Period
4000.00

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

Mailing Address 235 East 42nd Street

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : C10155225

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
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 12 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. Mortgage Bankers Association PAC

Mailing Address 1919 M Street NW
5th Floor

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : C10124435

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. MetLife Inc. Employees' Political Participation Fund A

Mailing Address 1095 Avenue of the Americas

City New York State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C C00040923**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : C10124436

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Pacific Life Insurance Co. PAC

Mailing Address 700 Newport Center Drive

City Newport Beach State CA Zip Code 92660

FEC ID number of contributing federal political committee. **C C00068528**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : C10156307

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: (check only one)	PAGE 13 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial) A. News Corp PAC		Date of Receipt
Mailing Address 300 New Jersey Avenue NW Suite 900		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Transaction ID : C10151167
Washington	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00546101"/>	<input type="text" value="2500.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) B. Entergy Corporation Political Action Committee (ENPAC)		Date of Receipt
Mailing Address 425 West Capitol Avenue, Suite 24B		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Transaction ID : C10151177
Little Rock	AR	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00363879"/>	<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. American Health Care Association PAC		Date of Receipt
Mailing Address 1201 L Street NW		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Transaction ID : C10155208
Washington	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00006080"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. American Academy of Dermatology Assoc. PAC (SKINPAC)

Mailing Address 1445 New York Avenue NW
Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00359539**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 31 / 2014**
Transaction ID : C10156308

Amount of Each Receipt this Period **2500.00**

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

Mailing Address 1800 Concord Pike
PO Box 15438

City Wilmington State DE Zip Code 19850

FEC ID number of contributing federal political committee. **C C00279455**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **07 / 21 / 2014**
Transaction ID : C10151168

Amount of Each Receipt this Period **1000.00**

Full Name (Last, First, Middle Initial)
C. Brownstein Hyatt Farber Schreck PAC

Mailing Address 410 Seventeenth St.
Suite 2200

City Denver State CO Zip Code 80202

FEC ID number of contributing federal political committee. **C C00390583**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **07 / 21 / 2014**
Transaction ID : C10151178

Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **6000.00**

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 15 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IMPACT

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

Mailing Address 1299 Pennsylvania Ave., NW
Suite 900

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014

Transaction ID : C10155199

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
B. United Technologies Corp. Employee PAC

Mailing Address 1401 Eye St., NW
Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : C10155219

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Independent Insurance Agents & Brokers of America PAC

Mailing Address 412 First Street, SE, Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : C10156309

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	90500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Flanagan Fulkerson & Company

Mailing Address 220 I Street NE
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Consulting Services-Fundraising

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : D542330

Amount of Each Disbursement this Period

5000.00

Not for Federal Candidate

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Fee

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : D544780

Amount of Each Disbursement this Period

77.00

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address P.O. Box 15124

City Albany State NY Zip Code 12212

Purpose of Disbursement
Telephone

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : D544771

Amount of Each Disbursement this Period

41.06

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

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

5118.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Cres Inc.

Mailing Address 192 Lexington Avenue #1205

City State Zip Code
New York NY 10016-6823

Purpose of Disbursement
Rent & Utilities

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544793

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Verdolino & Lowey, P.C.

Mailing Address 124 Washington St.
Suite 101

City State Zip Code
Foxboro MA 02035

Purpose of Disbursement
Professional Services-Accounting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544785

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Lindsay M. Kryzak

Mailing Address 458 Hobbs Lane

City State Zip Code
Clinton Corners NY 12514

Purpose of Disbursement
Political Consultant-Communications

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544775

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Michael Lynch

Mailing Address 317 Tennessee Ave NE

City Washington State DC Zip Code 20002-6445

Purpose of Disbursement
Political Consultant-Communications

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : D544776

Amount of Each Disbursement this Period

3125.00

Full Name (Last, First, Middle Initial)

B. Blue Cross Blue Shield

Mailing Address PO Box 659806

City San Antonio State TX Zip Code 78265

Purpose of Disbursement
Health Insurance

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : D544786

Amount of Each Disbursement this Period

278.92

Full Name (Last, First, Middle Initial)

C. Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : D544777

Amount of Each Disbursement this Period

25.00

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

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

3428.92

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Michael Lynch

Mailing Address 317 Tennessee Ave NE

City Washington State DC Zip Code 20002-6445

Purpose of Disbursement
Expense Reimb.-See Below if Itemized

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : D521721

Amount of Each Disbursement this Period

602.79

Full Name (Last, First, Middle Initial)

B. The Lexington

Mailing Address 511 Lexington Ave

City New York State NY Zip Code 10017

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : D544810

Amount of Each Disbursement this Period

217.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 10 G Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : D544811

Amount of Each Disbursement this Period

385.00

[MEMO ITEM]

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

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

602.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement
Credit Card - See Below if Itemized

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : D544778

Amount of Each Disbursement this Period

13515.27

Full Name (Last, First, Middle Initial)

B. UPS Store

Mailing Address 105 East 34th Street

City New York State NY Zip Code 10016

Purpose of Disbursement
Postage

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : D544800

Amount of Each Disbursement this Period

15.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UPS Store

Mailing Address 105 East 34th Street

City New York State NY Zip Code 10016

Purpose of Disbursement
Postage

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : D544802

Amount of Each Disbursement this Period

42.17

[MEMO ITEM]

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

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

13515.27

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. New York Yankees

Mailing Address River Ave. & East 161st

City State Zip Code
Bronx NY 10451

Purpose of Disbursement
Reception-Facilities Not for Fed Candidate

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544803

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 2345 Crystal Drive

City State Zip Code
Arlington VA 22227

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544804

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 2345 Crystal Drive

City State Zip Code
Arlington VA 22227

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544805

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Museum of Modern Art

Mailing Address 11 West 53rd Street

City New York State NY Zip Code 10019

Purpose of Disbursement
Reception-Facilities Not for Fed Candidate

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544806

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NGP Van, Inc

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544807

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UPS Store

Mailing Address 105 East 34th Street

City New York State NY Zip Code 10016

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544799

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Payment (See Below)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : D544781

Amount of Each Disbursement this Period

4025.30

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Taxes/Withholdings

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : D544796

Amount of Each Disbursement this Period

1508.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : D544797

Amount of Each Disbursement this Period

855.29

[MEMO ITEM]

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

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

4025.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Nicholas Kutryb

Mailing Address 455 W 37th Street
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D544798

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Payment (See Below)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D544795

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Taxes/Withholdings

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D544782

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544783

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Nicholas Kutryb

Mailing Address 455 W 37th Street
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D544784

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Friends of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : D544790

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Minnesota Democratic Farmer Labor Party

Mailing Address 255 East Plato Blvd.

City Saint Paul State MN Zip Code 55107

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : D544774

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. New Hampshire Democratic Party

Mailing Address 2 1/2 Beacon St.

City Concord State NH Zip Code 03301

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : D544794

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Michigan Democratic State Central Committee

Mailing Address 606 Townsend Street

City Lansing State MI Zip Code 48933

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : D544788

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Iowa Democratic Party

Mailing Address 5661 Fleur Drive

City Des Moines State IA Zip Code 50321

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : D544789

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

10000.00

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

25000.00