

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Empire Political Action Committee

ADDRESS (number and street)

Check if different than previously reported. (ACC)

Washington DC 20003

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End 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 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 (12S)	

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 / / 10 / 01 / 2011 through / / 12 / 31 / 2011

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 Keith D. Lowey

Signature of Treasurer *Keith D. Lowey* **[Electronically Filed]** Date / / 04 / 04 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Empire Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="6084.49"/>	<input type="text" value="6084.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12339.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7500.00"/>	<input type="text" value="48000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19839.37"/>	<input type="text" value="54084.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16051.38"/>	<input type="text" value="50296.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3787.99"/>	<input type="text" value="3787.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Empire Political Action Committee

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).....	0.00	16000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	16000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	27000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2500.00	43000.00
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 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))..... ▶	7500.00	48000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7500.00	48000.00

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	2051.38	2296.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2051.38	2296.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	47000.00
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)) ..	16051.38	50296.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16051.38	50296.50

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)	2500.00	43000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500.00	43000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2051.38	2296.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2051.38	2296.50

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

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

FOR LINE NUMBER: PAGE 6 OF 15
(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)
Empire Political Action Committee

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

Mailing Address 1771 N St. NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2011
Transaction ID : SA11C.4452

Amount of Each Receipt this Period
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

A. NELSON 2012
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 8666
 City OMAHA State NE Zip Code 68108
 FEC ID number of contributing federal political committee. **C** C00432401
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2011
Transaction ID : SA16.4493
 Amount of Each Receipt this Period
 5000.00
 Refund of Excessive Contribution

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional Services-Accounting

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4456

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional Services-Accounting

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4458

Amount of Each Disbursement this Period

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)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. BERKLEY FOR SENATE

Mailing Address 3077 E. Warm Springs Rd.
Suite 300

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement
Donation

011

Candidate Name

SHELLEY BERKLEY

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4487**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BERKLEY FOR SENATE

Mailing Address 3077 E. Warm Springs Rd.
Suite 300

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement
Donation

Category/
Type

Candidate Name

SHELLEY BERKLEY

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4488**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. CHRISTIE VILSACK FOR IOWA

Mailing Address PO BOX 641

City AMES State IA Zip Code 50010

Purpose of Disbursement
Donation

011

Candidate Name

CHRISTIE VILSACK

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4480**

Amount of Each Disbursement this Period

500.00

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

1500.00

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)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHRISTIE VILSACK FOR IOWA

Mailing Address PO BOX 641

City State Zip Code
AMES IA 50010

Purpose of Disbursement
Donation

011

Candidate Name

CHRISTIE VILSACK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4481**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Duckworth for Congress

Mailing Address 1566 W. Algonquin Rd. #224

City State Zip Code
Hoffman Estates IL 60192

Purpose of Disbursement
Donation

011

Candidate Name

Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4469**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elizabeth for MA Inc.

Mailing Address PO Box 960405

City State Zip Code
Boston MA 02196

Purpose of Disbursement
Donation

011

Candidate Name

Elizabeth Warren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4470**

Amount of Each Disbursement this Period

1000.00

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

2500.00

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)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
Donation

011

Candidate Name
DANIEL BENJAMIN MAFFEI

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4467**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
Donation

011

Candidate Name
John Barrow

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : **SB23.4490**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Mazie Hirono

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement
Primary

011

Candidate Name
Mazie Hirono

Category/
Type

Office Sought: House
 Senate
 President
State: HI District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4465**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 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)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
Donation

011

Candidate Name

Sherrod Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2011			

Transaction ID : SB23.4466

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Heidi for Senate

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Donation

011

Candidate Name

Heidi Heitkamp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2011			

Transaction ID : SB23.4459

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kathy Hochul for Congress

Mailing Address 4521 Copperfield Dr

City Hamburg State NY Zip Code 14075

Purpose of Disbursement
Donation

011

Candidate Name

KATHLEEN HOCHUL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2011			

Transaction ID : SB23.4479

Amount of Each Disbursement this Period

1000.00

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

3000.00

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)

<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)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
Donation

011

Candidate Name
AMY J KLOBUCHAR

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4477**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
Donation

011

Candidate Name
AMY J KLOBUCHAR

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4478**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Donation

011

Candidate Name
CLAIRE MCCASKILL

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4475**

Amount of Each Disbursement this Period

500.00

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

1500.00

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)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Donation

011

Candidate Name
CLAIRE MCCASKILL

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4476**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Donation

011

Candidate Name
DEBBIE STABENOW

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4471**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Donation

011

Candidate Name
DEBBIE STABENOW

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : **SB23.4474**

Amount of Each Disbursement this Period

500.00

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

1500.00

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)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin for Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Donation

011

Candidate Name

Tammy Baldwin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : SB23.4468

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

14000.00