

**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) 60 East 42nd St. Suite 437

Check if different than previously reported. (ACC)  
New York NY 10165

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 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 checked="" type="checkbox"/> Special (30S)
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Election on 05 24 2011 in the State of NY

5. Covering Period 01 01 2011 through 06 13 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 David A. Barrett

Signature of Treasurer Electronically Filed by David A. Barrett Date 07 14 2011

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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
1	3

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		94941.99
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	94941.99									
(c) Total Receipts (from Line 19) .....	255035.00	255035.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	349976.99	349976.99								
7. Total Disbursements (from Line 31) .....	173302.92	173302.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	176674.07	176674.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
IMPACT

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
1	3

Y	Y	Y	Y
2	0	1	1

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) .....	47000.00	47000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	47000.00	47000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	208000.00	208000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	255000.00	255000.00
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) .....	9.00	9.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	26.00	26.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	255035.00	255035.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	255035.00	255035.00

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.....	48302.92	48302.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	48302.92	48302.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	125000.00	125000.00
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))..	173302.92	173302.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	173302.92	173302.92

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) .....	255000.00	255000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	255000.00	255000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48302.92	48302.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	9.00	9.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48293.92	48293.92

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 67  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

**A.**

Full Name (Last, First, Middle Initial)  
Caryn S. Becker

Mailing Address 1172 Park Ave. Apt. 6A

City State Zip Code  
New York NY 10128

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

Name of Employer Clear Channel Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2011

Transaction ID: C6752991

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Kelly Bingel

Mailing Address 6035 N. 28th St.

City State Zip Code  
Arlington VA 22207

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

Name of Employer Mehلمان Vogel Castagnetti Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2011

Transaction ID: C6715842

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Joyce Brayboy

Mailing Address 1322 Half Street, SW #102

City State Zip Code  
Washington DC 20024

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

Name of Employer Goldman Sachs Occupation Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2011

Transaction ID: C6955919

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 67  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**IMPACT**

**A.** Full Name (Last, First, Middle Initial)  
John D. Carlin

Mailing Address **642 C St. NE**

City **Washington** State **DC** Zip Code **20002**

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

Name of Employer **Akin Gump Strauss Hauer & Feld LLP** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 21 / 2011**  
**Transaction ID: C6715612**  
 Amount of Each Receipt this Period **500.00**

**B.** Full Name (Last, First, Middle Initial)  
Karla S. Cohen

Mailing Address **5023 Alta Vista Rd.**

City **Bethesda** State **MD** Zip Code **20814**

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

Name of Employer **Montgomery County** Occupation **State's Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 13 / 2011**  
**Transaction ID: C6752997**  
 Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Sean G. D'Arcy

Mailing Address **5700 Roosevelt Street**

City **Bethesda** State **MD** Zip Code **20817**

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

Name of Employer **Akin Gump Strauss Hauer & Feld LLP** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 21 / 2011**  
**Transaction ID: C6715613**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 / 67  
(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)  
Timothy Glassco  
 Mailing Address 3917 W St. NW  
 City Washington State DC Zip Code 20007  
 Date of Receipt 03 / 03 / 2011  
**Transaction ID:** C6672835  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podesta Group Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**B.** Full Name (Last, First, Middle Initial)  
Claudia M. James  
 Mailing Address 3167 19th Street North  
 City Arlington State VA Zip Code 22201  
 Date of Receipt 02 / 17 / 2011  
**Transaction ID:** C6672826  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podesta Group Occupation Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Israel S Klein  
 Mailing Address 821 Violet Place  
 City Silver Spring State MD Zip Code 20910  
 Date of Receipt 03 / 03 / 2011  
**Transaction ID:** C6672836  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podesta Group Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00  
**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 / 67  
(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)  
Michael B. Levy

Mailing Address 230 8th Street S. E.

City Washington State DC Zip Code 20003

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

Name of Employer Brownstein Hyatt Farber Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2011

Transaction ID: C6752995

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael J Malik, Sr

Mailing Address 2211 Woodward Ave

City Detroit State MI Zip Code 48201-3467

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

Name of Employer MJM Enterprises Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 16 / 2011

Transaction ID: C6896296

Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Gwen E. Mellor

Mailing Address 2 Washington Circle

City Alexandria State VA Zip Code 22305

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

Name of Employer Podesta Group Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2011

Transaction ID: C6745039

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6500.00

**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 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
IMPACT

<b>A.</b>	Full Name (Last, First, Middle Initial) Alfred E Mottur	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 3905 Virgilia Street	<b>Transaction ID:</b> C6955899
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Brownstein Hyatt Farber Schreck LLP Managing Partner Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Melanie Nathanson	Date of Receipt MM / DD / YYYY 03 / 22 / 2011
	Mailing Address 4278 Vacation Lane	<b>Transaction ID:</b> C6719752
	City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nathanson & Hauck Partner Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence F. O'Brien	Date of Receipt MM / DD / YYYY 03 / 21 / 2011
	Mailing Address 3410 Q St.	<b>Transaction ID:</b> C6715616
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OBC Group LLC Founder Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 11 / 67  
(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)  
Oneida Tribe of Indians of Wisconsin  
Mailing Address PO Box 365

City State Zip Code  
Oneida WI 54155

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

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
0	1	/	2	4	/	2	0	1	1

**Transaction ID:** C6662108  
 Amount of Each Receipt this Period  
5000.00  
**Funds Permissible Under the Act**

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey J. Peck  
Mailing Address 5900 Cromwell Dr.

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
Griffin Johnson Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** C6715615  
 Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Randy S. Proto  
Mailing Address 33 Singing Oaks Drive

City State Zip Code  
Weston CT 06883

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

Name of Employer Occupation  
American Institute Holdings Chairman

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	1

**Transaction ID:** C6672828  
 Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**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 / 67  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

**A.**

Full Name (Last, First, Middle Initial)  
Edwin Rothschild

Mailing Address 1229 Providence Terrace

City State Zip Code  
McLean VA 22101

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

Name of Employer Podesta Group Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

**Transaction ID:** C6672829

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
San Pablo Lytton Casino

Mailing Address 13255 San Pablo Avenue

City State Zip Code  
San Pablo CA 94806

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2011

**Transaction ID:** C6662107

Amount of Each Receipt this Period  
5000.00

Funds Permissible Under the Act (contribution is from Indian tribe)

**C.**

Full Name (Last, First, Middle Initial)  
Michael D. Smith

Mailing Address 3513 Bradley Ln.

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Cornerstone Government Affairs Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2011

**Transaction ID:** C6745013

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 67  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

**A.**

Full Name (Last, First, Middle Initial)  
Tracy Spicer

Mailing Address 5105 Nahant St.

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Avenue Solutions Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2011

**Transaction ID:** C6745041

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gordon Taylor

Mailing Address 5049 Cathedral Ave. NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Ogilvy Government Relations Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2011

**Transaction ID:** C6359888

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Henry A. Terhune

Mailing Address 1333 New Hampshire Avenue, NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Akin Gump Strauss Hauer & Feld LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2011

**Transaction ID:** C6715614

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>47000.00</b>

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

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

FOR LINE NUMBER: PAGE 14 / 67  
(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)  
Advanced BioHealings, Inc. PAC

Mailing Address 701 8th Street, NW  
Suite 500

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00461525

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
0	3	/	3	0	/	2	0	1	1

**Transaction ID:** C6741074

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Advanced BioHealings, Inc. PAC

Mailing Address 701 8th Street, NW  
Suite 500

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00461525

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
0	5	/	2	3	/	2	0	1	1

**Transaction ID:** C6896203

Amount of Each Receipt this Period  
4000.00

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

Mailing Address 151 Farmington Ave.  
RW61

City State Zip Code  
Hartford CT 06156

FEC ID number of contributing federal political committee. **C** C00181826

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
0	3	/	3	0	/	2	0	1	1

**Transaction ID:** C6741075

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**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 / 67  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
IMPACT

**A.** Full Name (Last, First, Middle Initial)  
AFLAC PAC  
Mailing Address 1932 Wynnton Rd.  
City Columbus State GA Zip Code 31999  
FEC ID number of contributing federal political committee. **C** C00034157  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 03 / 30 / 2011  
Transaction ID: C6741071  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
AFLAC PAC  
Mailing Address 1932 Wynnton Rd.  
City Columbus State GA Zip Code 31999  
FEC ID number of contributing federal political committee. **C** C00034157  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 06 / 10 / 2011  
Transaction ID: C6956883  
Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
AGSHF Civil Action Committee  
Mailing Address 1333 New Hampshire Ave., N.W.  
Suite 400  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00104901  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 04 / 08 / 2011  
Transaction ID: C6741079  
Amount of Each Receipt this Period 2500.00

**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: PAGE 16 / 67  
(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)  
AllState Insurance Company PAC

Mailing Address 2775 Sanders Rd.  
Suite A5

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C** C00040253

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 4 / 2 5 / 2 0 1 1

**Transaction ID:** C6847628

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
American Association for Justice PAC

Mailing Address 777 6th St. NW Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

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  
0 3 / 3 1 / 2 0 1 1

**Transaction ID:** C6745000

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 555 New Jersey Ave., NW

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

**Transaction ID:** C6741078

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

**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: <span style="float: right;">PAGE 17 / 67</span>
	(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) American Medical Association PAC		Date of Receipt
	Mailing Address 25 Massachusetts Avenue NW Suite 600		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		Transaction ID: C6719754
	C C00000422		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) American Podiatric Medical Association PAC		Date of Receipt
	Mailing Address 9312 Old Georgetown Rd.		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Bethesda	MD	20814
	FEC ID number of contributing federal political committee.		Transaction ID: C6704828
	C C00008839		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Applied Materials, Inc. PAC		Date of Receipt
	Mailing Address 20 Park Road Suite E		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Burlingame	CA	94010
	FEC ID number of contributing federal political committee.		Transaction ID: C6745002
	C C00406892		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 / 67  
(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)  
Bank of America Corporation PAC  
Mailing Address 1100 North King Street

City State Zip Code  
Wilmington DE 19884

FEC ID number of contributing federal political committee. **C** C00043489

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
0	3	/	0	1	/	2	0	1	1

**Transaction ID:** C6698013  
 Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Bank of America Corporation PAC  
Mailing Address 1100 North King Street

City State Zip Code  
Wilmington DE 19884

FEC ID number of contributing federal political committee. **C** C00043489

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
0	5	/	1	7	/	2	0	1	1

**Transaction ID:** C6895697  
 Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Barnes & Thornburg PAC  
Mailing Address 11 South Meridian Street

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00395947

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	/	1	2	/	2	0	1	1

**Transaction ID:** C6896288  
 Amount of Each Receipt this Period  
1000.00

**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 19 / 67  
(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) Bipartisan PAC/Bank of NY Mellon Corp. BIPAC		Date of Receipt MM / DD / YYYY 03 / 01 / 2011
Mailing Address BNY Mellon Center Room 710		<b>Transaction ID:</b> C6698015
City Pittsburgh	State PA	Zip Code 15258
FEC ID number of contributing federal political committee. <b>C</b> C00017558		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Bipartisan PAC/Bank of NY Mellon Corp. BIPAC		Date of Receipt MM / DD / YYYY 05 / 17 / 2011
Mailing Address BNY Mellon Center Room 710		<b>Transaction ID:</b> C6895689
City Pittsburgh	State PA	Zip Code 15258
FEC ID number of contributing federal political committee. <b>C</b> C00017558		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Brownstein Hyatt Farber Schreck PAC		Date of Receipt MM / DD / YYYY 04 / 12 / 2011
Mailing Address 410 17th St. 22nd Floor		<b>Transaction ID:</b> C6752999
City Denver	State CO	Zip Code 80202
FEC ID number of contributing federal political committee. <b>C</b> C00390583		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 67  
(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)  
Carpenter's Legislative Improvement Committee

Mailing Address 101 Constitution Ave., NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2011  
**Transaction ID:** C6744998  
Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Cobham Moldings Inc. PAC

Mailing Address 2121 Crystal Dr. Ste. 625

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00457051

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 21 / 2011  
**Transaction ID:** C6715624  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Comcast Corporation PAC

Mailing Address 1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 17 / 2011  
**Transaction ID:** C6895715  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 67  
(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)  
Commercial Mortgage Securities Association PAC

Mailing Address 30 Broad Street  
28th Floor

City State Zip Code  
New York City NY 10004

FEC ID number of contributing federal political committee. **C** C00411173

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** C6744997

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Corning Incorporated Employees PAC

Mailing Address 325 7th St. NW  
Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00033589

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

**Transaction ID:** C6704825

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 701 Pennsylvania Ave. NW #750

City State Zip Code  
Washington DC 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2011

**Transaction ID:** C6956886

Amount of Each Receipt this Period  
1000.00

**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 22 / 67  
(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)  
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Ave., NW  
South Bldg., Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
03 / 29 / 2011

Transaction ID: C6744996

Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
CSX Corp. Good Government Fund

Mailing Address 1331 Pennsylvania Ave., NW  
Suite 560

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
05 / 23 / 2011

Transaction ID: C6896206

Amount of Each Receipt this Period 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
CVS Caremark Employees PAC

Mailing Address 2211 Sanders Rd.

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
05 / 24 / 2011

Transaction ID: C6895685

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 67

(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)  
DLA Piper PAC

Mailing Address 500 8th Street, NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00151340

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  
03 / 21 / 2011

Transaction ID: C6715622

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Eastman Kodak Company Employee PAC

Mailing Address 343 State St.

City State Zip Code  
Rochester NY 14650

FEC ID number of contributing federal political committee. **C** C00297085

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  
03 / 21 / 2011

Transaction ID: C6854980

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ernst & Young PAC

Mailing Address 1101 New York Ave. NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00227744

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  
03 / 08 / 2011

Transaction ID: C6704827

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 24 / 67  
(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)  
General Electric PAC  
 Mailing Address 1299 Pennsylvania Ave., NW  
 City State Zip Code  
 Washington DC 20004  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 4 / 2 0 1 1  
**Transaction ID:** C6704826  
 Amount of Each Receipt this Period  
 2500.00  
 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

**B.** Full Name (Last, First, Middle Initial)  
General Electric PAC  
 Mailing Address 1299 Pennsylvania Ave., NW  
 City State Zip Code  
 Washington DC 20004  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 1 / 2 0 1 1  
**Transaction ID:** C6715623  
 Amount of Each Receipt this Period  
 2500.00  
 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

**C.** 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  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 5 / 2 0 1 1  
**Transaction ID:** C6847625  
 Amount of Each Receipt this Period  
 5000.00  
 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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 25 / 67  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
IMPACT

**A.** Full Name (Last, First, Middle Initial)  
JPMorgan Chase & Co. PAC

Mailing Address 10 South Dearborn Street

City State Zip Code  
Chicago IL 60603

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2011

Transaction ID: C6896282

FEC ID number of contributing federal political committee. **C** C00128512

Amount of Each Receipt this Period  
5000.00

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Mailing Address P.O. Box 18254

City State Zip Code  
Washington DC 20036

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2011

Transaction ID: C6847630

FEC ID number of contributing federal political committee. **C** C00280222

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
KPMG PAC

Mailing Address P.O. Box 18254

City State Zip Code  
Washington DC 20036

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2011

Transaction ID: C6896189

FEC ID number of contributing federal political committee. **C** C00280222

Amount of Each Receipt this Period  
4000.00

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 67  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
IMPACT

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

Mailing Address 2025 M Street, NW  
Suite 800

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 16 / 2011  
**Transaction ID:** C6896289  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
McDonald's PAC

Mailing Address 2111 McDonalds Dr  
Dept 213

City Oak Brook State IL Zip Code 60523

FEC ID number of contributing federal political committee. **C** C00063164

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 31 / 2011  
**Transaction ID:** C6955897  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Medco Health PAC

Mailing Address 591 Redwood Hwy.  
Bldg. 4000

City Mill Valley State CA Zip Code 94941

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2011  
**Transaction ID:** C6744999  
Amount of Each Receipt this Period: 5000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 67  
(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)  
Mednax, Inc. PAC

Mailing Address 1301 Concord Terrace

City State Zip Code  
Sunrise FL 33323

FEC ID number of contributing federal political committee. **C** C00469205

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2011

**Transaction ID:** C6715621

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Microsoft Corporation PAC

Mailing Address 16011 NE 36th Way

City State Zip Code  
Redmond WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2011

**Transaction ID:** C6741070

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 1919 Pennsylvania Ave., NW

City State Zip Code  
Washington DC 20006

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  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** C6745001

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 28 / 67

(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

**A.**

Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Assoc. PAC

Mailing Address 1325 Massachusetts Ave., NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

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  
02 / 17 / 2011

Transaction ID: C6672827

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Association PAC

Mailing Address 1100 S. Washington St.

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

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  
03 / 30 / 2011

Transaction ID: C6741077

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
National Business Travel Association Inc. PAC

Mailing Address 110 North Royal St.  
4th Fl.

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00373910

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  
05 / 02 / 2011

Transaction ID: C6864642

Amount of Each Receipt this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 67  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
IMPACT

**A.** Full Name (Last, First, Middle Initial)  
National Emergency Medicine PAC  
Mailing Address PO Box 619911

City State Zip Code  
Dallas TX 75261

FEC ID number of contributing federal political committee. **C** C00140061

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
0	3	/	2	5	/	2	0	1	1

**Transaction ID:** C6741069  
 Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
New York Life Insurance PAC  
Mailing Address 51 Madison Avenue  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

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
0	3	/	2	6	/	2	0	1	1

**Transaction ID:** C6719757  
 Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
NYSE Euronext PAC  
Mailing Address 607 14th St. NW Suite 800

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00402974

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
0	3	/	2	1	/	2	0	1	1

**Transaction ID:** C6715625  
 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: PAGE 30 / 67  
(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)  
Oracle USA Corporation PAC

Mailing Address 1015 15th Street NW  
Second Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 22 / 2011  
**Transaction ID:** C6719756  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Pepsico Concerned Citizens Fund

Mailing Address 700 Anderson Hill Rd.

City Purchase State NY Zip Code 10576

FEC ID number of contributing federal political committee. **C** C00039321

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 22 / 2011  
**Transaction ID:** C6719755  
Amount of Each Receipt this Period: 5000.00

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

Mailing Address 235 East 42nd St.

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 ▼ 5000.00

Date of Receipt: 06 / 01 / 2011  
**Transaction ID:** C6955905  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

**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 31 / 67  
(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)  
Pricewaterhouse Coopers PAC

Mailing Address 1301 K St. NW  
Suite 800 West

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2011

**Transaction ID:** C6741073

Amount of Each Receipt this Period  
5000.00

**B.**

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

Mailing Address 2001 Pennsylvania Ave. NW  
Suite 650

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2011

**Transaction ID:** C6741072

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Reed Elsevier Inc. PAC

Mailing Address 1150 18th St., NW  
Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00345793

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2011

**Transaction ID:** C6704824

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9000.00**

**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 32 / 67  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
IMPACT

**A.** Full Name (Last, First, Middle Initial)  
Sheet Metal Workers' International Association PAC

Mailing Address 1750 New York Ave. NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 08 / 2011  
**Transaction ID:** C6956889  
Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
SNR Denton US LLP PAC

Mailing Address 233 South Wacker Dr. Suite 7800

City Chicago State IL Zip Code 60606

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 01 / 20 / 2011  
**Transaction ID:** C6360461  
Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Thermo Fisher Scientific Inc. PAC

Mailing Address 81 Wyman Street PO Box 9046

City Waltham State MA Zip Code 02454-9046

FEC ID number of contributing federal political committee. **C** C00292318

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 20 / 2011  
**Transaction ID:** C6896199  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8500.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 67  
(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)  
Tule River PAC

Mailing Address PO Box 589

City State Zip Code  
Porterville CA 93258

FEC ID number of contributing federal political committee. **C** C00407486

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2011

**Transaction ID:** C6360460

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
UBS Americas Fund For Better Government

Mailing Address 1285 Avenue of the Americas  
14th Floor

City State Zip Code  
New York NY 10019

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

**Transaction ID:** C6956894

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
USAA Employee PAC

Mailing Address 9800 Fredericksburg Rd.  
Room 501

City State Zip Code  
San Antonio TX 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2011

**Transaction ID:** C6715608

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**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 34 / 67  
(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)  
USAA Employee PAC

Mailing Address 9800 Fredericksburg Rd.  
Room 501

City San Antonio State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C** C00164145

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  
0 5 / 0 6 / 2 0 1 1

**Transaction ID:** C6896290

Amount of Each Receipt this Period  
4000.00

**B.** Full Name (Last, First, Middle Initial)  
Verizon Communications Inc. Good Govt. Club PAC

Mailing Address 1300 I St. NW 4th Fl.

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

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  
0 3 / 3 0 / 2 0 1 1

**Transaction ID:** C6741076

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Williams & Jensen, P.C. PAC

Mailing Address 701 8th ST NW  
Suite 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00039206

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** C6715618

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9500.00

**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 35 / 67  
(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)  
Wine and Spirits Wholesalers of America PAC

Mailing Address 805 15th St. NW  
Suite 430

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

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  
0 6 / 0 8 / 2 0 1 1

Transaction ID: C6956898

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	208000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) 509 Madison Avenue Associates, LP	Transaction ID: D383831 Date of Disbursement
	Mailing Address c/o Kensico Properties 509 Madison Ave.	<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent (includes utilities) Candidate Name	<input type="text" value="649.94"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) 509 Madison Avenue Associates, LP	Transaction ID: D383840 Date of Disbursement
	Mailing Address c/o Kensico Properties 509 Madison Ave.	<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent (includes utilities) Candidate Name	<input type="text" value="649.94"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) City of New York	Transaction ID: D384907 Date of Disbursement
	Mailing Address City Hall 36 Chambers St.	<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10007	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation Candidate Name	<input type="text" value="141.67"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1441.55"/>
<b>TOTAL</b> 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) City of New York	Transaction ID: D386978 Date of Disbursement 05 / 09 / 2011
	Mailing Address City Hall 36 Chambers St.	Amount of Each Disbursement this Period 30.81
	City New York State NY Zip Code 10007	
	Purpose of Disbursement Transportation Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) City of New York	Transaction ID: D387491 Date of Disbursement 06 / 13 / 2011
	Mailing Address City Hall 36 Chambers St.	Amount of Each Disbursement this Period 113.90
	City New York State NY Zip Code 10007	
	Purpose of Disbursement Transportation Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D387493 Date of Disbursement 06 / 03 / 2011
	Mailing Address PO Box 6600	Amount of Each Disbursement this Period 9.00
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	153.71
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<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: D387494 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="06"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<input type="text" value="34.95"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D385468 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<input type="text" value="306.13"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D385469 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<input type="text" value="10.75"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="351.83"/>
<b>TOTAL</b> 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) Express EMPS	Transaction ID: D385470 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<input type="text" value="139.20"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D384910 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="04"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<input type="text" value="11.26"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D384911 Date of Disbursement
	Mailing Address PO Box 6600	<input type="text" value="04"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<input type="text" value="81.38"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="231.84"/>
<b>TOTAL</b> 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) Express EMPS	Transaction ID: D383832 Date of Disbursement																			
	Mailing Address PO Box 6600	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	1	1												
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"><tr><td>25.00</td></tr></table>	25.00																		
25.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D383842 Date of Disbursement																			
	Mailing Address PO Box 6600	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"><tr><td>35.10</td></tr></table>	35.10																		
35.10																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D383851 Date of Disbursement																			
	Mailing Address PO Box 6600	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	1												
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"><tr><td>25.00</td></tr></table>	25.00																		
25.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>85.10</td></tr></table>	85.10
85.10		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) Friends of Schumer	Transaction ID: D383844 Date of Disbursement
	Mailing Address 60 East 42nd St. Suite 437	<input type="text" value="02"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City New York State NY Zip Code 10165	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Security Deposit	<input type="text" value="929.33"/>
	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) Friends of Schumer	Transaction ID: D383854 Date of Disbursement
	Mailing Address 60 East 42nd St. Suite 437	<input type="text" value="03"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City New York State NY Zip Code 10165	Amount of Each Disbursement this Period
	Purpose of Disbursement Moving expense	<input type="text" value="263.00"/>
	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) Friends of Schumer	Transaction ID: D383855 Date of Disbursement
	Mailing Address 60 East 42nd St. Suite 437	<input type="text" value="03"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City New York State NY Zip Code 10165	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent	<input type="text" value="502.42"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1694.75"/>
<b>TOTAL</b> 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) Nicholas Kutryb	Transaction ID: D384888 Date of Disbursement
	Mailing Address 455 W 37th Street Apt 510	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services-Fundraising Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Not for Federal Candidate

B.	Full Name (Last, First, Middle Initial) Nicholas Kutryb	Transaction ID: D385465 Date of Disbursement
	Mailing Address 455 W 37th Street Apt 510	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services-Fundraising Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="003"/>
	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) Nicholas Kutryb	Transaction ID: D387254 Date of Disbursement
	Mailing Address 455 W 37th Street Apt 510	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services-Fundraising Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="003"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Not For Federal Candidate

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> 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) Lincoln Building Associates, LLC	Transaction ID: D387253 Date of Disbursement																			
	Mailing Address c/o Newmark & Co. Real Estate, LLC 125 Park Ave., 11th Floor	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
	City New York State NY Zip Code 10017	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent (includes utilities) Candidate Name	<table border="1"><tr><td>515.58</td></tr></table>	515.58																		
515.58																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Lincoln Building Associates, LLC	Transaction ID: D384945 Date of Disbursement																			
	Mailing Address c/o Newmark & Co. Real Estate, LLC 125 Park Ave., 11th Floor	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	1												
	City New York State NY Zip Code 10017	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Utilities Candidate Name	<table border="1"><tr><td>385.42</td></tr></table>	385.42																		
385.42																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Lincoln Building Associates, LLC	Transaction ID: D384947 Date of Disbursement																			
	Mailing Address c/o Newmark & Co. Real Estate, LLC 125 Park Ave., 11th Floor	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	1												
	City New York State NY Zip Code 10017	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Freight Elevator Usage Candidate Name	<table border="1"><tr><td>102.45</td></tr></table>	102.45																		
102.45																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1003.45</td></tr></table>	1003.45
1003.45		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) Lincoln Building Associates, LLC  Mailing Address c/o Newmark & Co. Real Estate, LLC 125 Park Ave., 11th Floor  City New York State NY Zip Code 10017  Purpose of Disbursement Rent (includes utilities) Candidate Name  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) ▼	Transaction ID: D385463 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period  515.58
B.	Full Name (Last, First, Middle Initial) Lincoln Building Associates, LLC  Mailing Address c/o Newmark & Co. Real Estate, LLC 125 Park Ave., 11th Floor  City New York State NY Zip Code 10017  Purpose of Disbursement Utilities Candidate Name  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) ▼	Transaction ID: D384889 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period  150.48
C.	Full Name (Last, First, Middle Initial) Lincoln Building Associates, LLC  Mailing Address c/o Newmark & Co. Real Estate, LLC 125 Park Ave., 11th Floor  City New York State NY Zip Code 10017  Purpose of Disbursement Trash Removal Candidate Name  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) ▼	Transaction ID: D384920 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 1	Amount of Each Disbursement this Period  5.39

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	671.45
<b>TOTAL</b> 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)

<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) Lincoln Building Associates, LLC	Transaction ID: D383856 Date of Disbursement																			
	Mailing Address c/o Newmark & Co. Real Estate, LLC 125 Park Ave., 11th Floor	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	1	1												
	City New York State NY Zip Code 10017	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Utilities Candidate Name	<table border="1"><tr><td>24.07</td></tr></table>	24.07																		
24.07																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Metro Graphics NY	Transaction ID: D384914 Date of Disbursement																			
	Mailing Address 481 Washington St. 6th Floor	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	1	1												
	City New York State NY Zip Code 10013	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Printing Candidate Name	<table border="1"><tr><td>418.37</td></tr></table>	418.37																		
418.37																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) NGP Van, Inc	Transaction ID: D384918 Date of Disbursement																			
	Mailing Address 1225 Eye Street, NW Suite 1225	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	5		2	0	1	1												
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Software Candidate Name	<table border="1"><tr><td>750.00</td></tr></table>	750.00																		
750.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1192.44</td></tr></table>	1192.44
1192.44		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) NGP Van, Inc <hr/> Mailing Address 1225 Eye Street, NW Suite 1225 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Software Candidate Name <hr/> 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) ▼	Transaction ID: D384909 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 1	Amount of Each Disbursement this Period 562.50
B.	Full Name (Last, First, Middle Initial) NGP Van, Inc <hr/> Mailing Address 1225 Eye Street, NW Suite 1225 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Software Candidate Name <hr/> 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) ▼	Transaction ID: D383834 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 1 1	Amount of Each Disbursement this Period 750.00
C.	Full Name (Last, First, Middle Initial) Perkins Coie <hr/> Mailing Address 1201 Third Ave. Suite 4800 <hr/> City Seattle State WA Zip Code 98101 <hr/> Purpose of Disbursement Professional Services-Legal Candidate Name <hr/> 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) ▼	Transaction ID: D383833 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 325.55

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

1638.05

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: D383843 Date of Disbursement 02 / 07 / 2011
	Mailing Address 1201 Third Ave. Suite 4800	Amount of Each Disbursement this Period 210.00
	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) Perkins Coie	Transaction ID: D383857 Date of Disbursement 03 / 14 / 2011
	Mailing Address 1201 Third Ave. Suite 4800	Amount of Each Disbursement this Period 99.00
	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) ▼

C.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: D384912 Date of Disbursement 04 / 11 / 2011
	Mailing Address 1201 Third Ave. Suite 4800	Amount of Each Disbursement this Period 574.00
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>883.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave. Suite 4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Professional Services-Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D385471</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="904.35"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave. Suite 4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Professional Services-Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D387492</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="429.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Podesta Group</p> <p>Mailing Address 1001 G St. NW Suite 900E</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Reception-Facilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D383845</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2333.35"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



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

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

FOR LINE NUMBER:  
(check only one)

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<input 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) SSF Inc.	Transaction ID: D383846 Date of Disbursement
	Mailing Address 80 Maiden Ln. Suite 1203	<input type="text" value="02"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City New York State NY Zip Code 10038	Amount of Each Disbursement this Period
	Purpose of Disbursement Insurance Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SSF Inc.	Transaction ID: D383864 Date of Disbursement
	Mailing Address 80 Maiden Ln. Suite 1203	<input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City New York State NY Zip Code 10038	Amount of Each Disbursement this Period
	Purpose of Disbursement Insurance Candidate Name	<input type="text" value="732.30"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) TFS Consulting	Transaction ID: D384886 Date of Disbursement
	Mailing Address 426 C St. NE	<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services-Fundraising Candidate Name	<input type="text" value="3500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Not for Federal Candidate

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4482.30"/>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) TFS Consulting Mailing Address 426 C St. NE City Washington State DC Zip Code 20002 Purpose of Disbursement Consulting Services-Fundraising Candidate Name 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) ▼	Transaction ID: D384887 Date of Disbursement 04 / 01 / 2011 Amount of Each Disbursement this Period 3500.00 Not for Federal Candidate	003 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) TFS Consulting Mailing Address 426 C St. NE City Washington State DC Zip Code 20002 Purpose of Disbursement Reception-Catering Candidate Name 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) ▼	Transaction ID: D384925 Date of Disbursement 04 / 26 / 2011 Amount of Each Disbursement this Period 1215.53	003 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) TFS Consulting Mailing Address 426 C St. NE City Washington State DC Zip Code 20002 Purpose of Disbursement Consulting Services-Fundraising Candidate Name 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) ▼	Transaction ID: D383841 Date of Disbursement 02 / 01 / 2011 Amount of Each Disbursement this Period 3500.00 Not For Federal Candidate	003 Category/ Type

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

**8215.53**

**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) TFS Consulting	Transaction ID: D383830 Date of Disbursement
	Mailing Address 426 C St. NE	<input type="text" value="01"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services-Fundraising	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="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

B.	Full Name (Last, First, Middle Initial) TFS Consulting	Transaction ID: D383853 Date of Disbursement
	Mailing Address 426 C St. NE	<input type="text" value="03"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception-Catering	<input type="text" value="816.31"/>
	Candidate Name	<input type="text" value="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) ▼

C.	Full Name (Last, First, Middle Initial) TFS Consulting	Transaction ID: D387255 Date of Disbursement
	Mailing Address 426 C St. NE	<input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services-Fundraising	<input type="text" value="3500.00"/>
	Candidate Name	<input type="text" value="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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5316.31"/>
<b>TOTAL</b> 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) TFS Consulting  Mailing Address 426 C St. NE  City Washington State DC Zip Code 20002 Purpose of Disbursement Consulting Services-Fundraising Candidate Name 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) ▼	Transaction ID: D385464 Date of Disbursement 05 / 01 / 2011	Amount of Each Disbursement this Period 3500.00  Not For Federal Candidate
B.	Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.  Mailing Address 124 Washington St. Suite 101  City Foxboro State MA Zip Code 02035 Purpose of Disbursement Professional Services-Accounting Candidate Name 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) ▼	Transaction ID: D386980 Date of Disbursement 05 / 16 / 2011	Amount of Each Disbursement this Period 1252.52
C.	Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.  Mailing Address 124 Washington St. Suite 101  City Foxboro State MA Zip Code 02035 Purpose of Disbursement Professional Services-Accounting Candidate Name 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) ▼	Transaction ID: D387495 Date of Disbursement 06 / 06 / 2011	Amount of Each Disbursement this Period 1124.20

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

**5876.72**

**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. <hr/> Mailing Address 124 Washington St. Suite 101 <hr/> City Foxboro State MA Zip Code 02035 <hr/> Purpose of Disbursement Professional Services-Accounting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D383862 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 1	Amount of Each Disbursement this Period 682.14
B.	Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C. <hr/> Mailing Address 124 Washington St. Suite 101 <hr/> City Foxboro State MA Zip Code 02035 <hr/> Purpose of Disbursement Professional Services-Accounting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D383863 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 618.26
C.	Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C. <hr/> Mailing Address 124 Washington St. Suite 101 <hr/> City Foxboro State MA Zip Code 02035 <hr/> Purpose of Disbursement Professional Services-Accounting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D383836 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 1	Amount of Each Disbursement this Period 777.63

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

2078.03

**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: D384917 Date of Disbursement 04 / 13 / 2011
	Mailing Address 124 Washington St. Suite 101	Amount of Each Disbursement this Period 1812.88
	City Foxboro State MA Zip Code 02035	
	Purpose of Disbursement Professional Services-Accounting Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D384882 Date of Disbursement 03 / 28 / 2011
	Mailing Address P.O. Box 15124	Amount of Each Disbursement this Period 78.24
	City Albany State NY Zip Code 12212	
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D383837 Date of Disbursement 01 / 31 / 2011
	Mailing Address P.O. Box 15124	Amount of Each Disbursement this Period 128.69
	City Albany State NY Zip Code 12212	
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2019.81
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 15124</p> <p>City Albany State NY Zip Code 12212</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D383852</p> <p>Date of Disbursement 03 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 63.60</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 15124</p> <p>City Albany State NY Zip Code 12212</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D387251</p> <p>Date of Disbursement 05 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 30.45</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 15124</p> <p>City Albany State NY Zip Code 12212</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D385466</p> <p>Date of Disbursement 05 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 4.42</p> <p>001 Category/Type</p>

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

98.47

**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) Zamir Computer Consulting	Transaction ID: D384913 Date of Disbursement																			
	Mailing Address 382 Central Park West, Suite 6A	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	1	1												
	City New York State NY Zip Code 10025	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Computer Consulting	<table border="1"><tr><td>240.00</td></tr></table>	240.00																		
240.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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: D383838 Date of Disbursement																			
	Mailing Address P.O. Box 2853	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card - See Below if Itemized	<table border="1"><tr><td>59.35</td></tr></table>	59.35																		
59.35																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D383847 Date of Disbursement																			
	Mailing Address P.O. Box 2853	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card - See Below if Itemized	<table border="1"><tr><td>1.00</td></tr></table>	1.00																		
1.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>300.35</td></tr></table>	300.35
300.35		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D384891 Date of Disbursement																			
	Mailing Address P.O. Box 2853	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	1												
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card - See Below if Itemized	<table border="1"><tr><td>6529.18</td></tr></table>	6529.18																		
6529.18																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) Amazon.com	Transaction ID: D384897 Date of Disbursement																			
	Mailing Address 2646 Rainer Ave. S.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	1												
	City Seattle State WA Zip Code 98144	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Supplies	<table border="1"><tr><td>37.28</td></tr></table>	37.28																		
37.28																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: D384898 Date of Disbursement																			
	Mailing Address 425 W. Sam Houston Pkwy S	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	1												
	City Houston State TX Zip Code 77042	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>556.70</td></tr></table>	556.70																		
556.70																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>6529.18</td></tr></table>	6529.18
6529.18		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 425 W. Sam Houston Pkwy S</p> <p>City Houston State TX Zip Code 77042</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D384899</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="556.70"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kelly House</p> <p>Mailing Address 23 Kelly St.</p> <p>City Edgartown State MA Zip Code 02539</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D384896</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="767.90"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New York Yankees</p> <p>Mailing Address River Ave. &amp; East 161st</p> <p>City Bronx State NY Zip Code 10451</p> <p>Purpose of Disbursement Reception-Facilities Not For Fed Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D384895</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4500.00"/></p> <p><b>[MEMO ITEM]</b></p>

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

**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) American Express	Transaction ID: D384926 Date of Disbursement
	Mailing Address P.O. Box 2853	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card - See Below if Itemized	<input type="text" value="350.10"/>
	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) Amazon.com	Transaction ID: D384940 Date of Disbursement
	Mailing Address 2646 Rainer Ave. S.	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Seattle State WA Zip Code 98144	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="194.89"/>
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D387220 Date of Disbursement
	Mailing Address P.O. Box 2853	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card - See Below if Itemized	<input type="text" value="504.38"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="854.48"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="48201.70"/>

**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) Ben Cardin for Senate	Transaction ID: D383849 Date of Disbursement
	Mailing Address PO Box 21093	<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Catonsville State MD Zip Code 21228	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 MD-S--Primary	<input type="text" value="5000.00"/>
	Candidate Name Benjamin L. Cardin	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ben Cardin for Senate	Transaction ID: D383850 Date of Disbursement
	Mailing Address PO Box 21093	<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Catonsville State MD Zip Code 21228	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 MD-S--General	<input type="text" value="5000.00"/>
	Candidate Name Benjamin L. Cardin	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Berkley for Senate	Transaction ID: D387496 Date of Disbursement
	Mailing Address 3069 Conquista Court	<input type="text" value="06"/> <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 NV-S--Primary	<input type="text" value="5000.00"/>
	Candidate Name Shelley Berkley	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) Bill Nelson for US Senate	Transaction ID: D383858 Date of Disbursement
	Mailing Address 972 W. Whitmire Dr.	<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City Melbourne State FL Zip Code 32935	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 FL-S--Primary	<input type="text" value="5000.00"/>
	Candidate Name Bill Nelson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bill Nelson for US Senate	Transaction ID: D383859 Date of Disbursement
	Mailing Address 972 W. Whitmire Dr.	<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City Melbourne State FL Zip Code 32935	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 FL-S--General	<input type="text" value="5000.00"/>
	Candidate Name Bill Nelson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Carper for Senate	Transaction ID: D384870 Date of Disbursement
	Mailing Address 19 East Commons Blvd. 2nd Fl.	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City New Castle State DE Zip Code 19720	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 DE-S--Primary	<input type="text" value="5000.00"/>
	Candidate Name Thomas R. Carper	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) Carper for Senate	Transaction ID: D384871 Date of Disbursement
	Mailing Address 19 East Commons Blvd. 2nd Fl.	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City New Castle State DE Zip Code 19720	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 DE-S--General	<input type="text" value="5000.00"/>
	Candidate Name Thomas R. Carper	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: D383835 Date of Disbursement
	Mailing Address 430 South Capitol St., SE	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="15000.00"/>
	Candidate Name	<input type="text" value="011"/> 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) Feinstein for Senate	Transaction ID: D384883 Date of Disbursement
	Mailing Address 1212 S. Victory Blvd.	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 CA-S--Primary	<input type="text" value="5000.00"/>
	Candidate Name Dianne Feinstein	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="25000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) Feinstein for Senate	Transaction ID: D384884 Date of Disbursement 03 / 30 / 2011
	Mailing Address 1212 S. Victory Blvd.	Amount of Each Disbursement this Period 5000.00
	City Burbank State CA Zip Code 91502	
	Purpose of Disbursement 2012 CA-S--General	011 Category/ Type
	Candidate Name Dianne Feinstein	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Chris Murphy	Transaction ID: D383865 Date of Disbursement 03 / 23 / 2011
	Mailing Address PO Box 127	Amount of Each Disbursement this Period 5000.00
	City Cheshire State CT Zip Code 06410	
	Purpose of Disbursement 2012 CT-S--Primary	011 Category/ Type
	Candidate Name Christopher S. Murphy	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Chris Murphy	Transaction ID: D383866 Date of Disbursement 03 / 23 / 2011
	Mailing Address PO Box 127	Amount of Each Disbursement this Period 5000.00
	City Cheshire State CT Zip Code 06410	
	Purpose of Disbursement 2012 CT-S--General	011 Category/ Type
	Candidate Name Christopher S. Murphy	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate</p> <p>Mailing Address 236 Massachusetts Ave. Suite 110</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2012 NY-S--Primary</p> <p>Candidate Name Kristen E. Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D384877 <b>Date of Disbursement</b> 03 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate</p> <p>Mailing Address 236 Massachusetts Ave. Suite 110</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2012 NY-S--General</p> <p>Candidate Name Kristen E. Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D384878 <b>Date of Disbursement</b> 03 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathy Hochul for Congress</p> <p>Mailing Address 4521 Copperfield Drive</p> <p>City Hamburg State NY Zip Code 14075</p> <p>Purpose of Disbursement 2011 NY-H-26-Special General</p> <p>Candidate Name Kathleen C. Hochul</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special</p>	<p><b>Transaction ID:</b> D386979 <b>Date of Disbursement</b> 05 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

15000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 67

<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) Manchin for West Virginia	Transaction ID: D384880 Date of Disbursement
	Mailing Address PO Box 5202	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Charleston State WV Zip Code 25361	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 WV-S--Primary	<input type="text" value="5000.00"/>
	Candidate Name Joe Manchin, III	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Manchin for West Virginia	Transaction ID: D384881 Date of Disbursement
	Mailing Address PO Box 5202	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Charleston State WV Zip Code 25361	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 WV-S--General	<input type="text" value="5000.00"/>
	Candidate Name Joe Manchin, III	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Menendez for Senate	Transaction ID: D384874 Date of Disbursement
	Mailing Address 1 Gateway Center Suite 520	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Newark State NJ Zip Code 07102	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 NJ-S--Primary	<input type="text" value="5000.00"/>
	Candidate Name Robert Menendez	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

PAGE 66 / 67

<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)  
Menendez for Senate

Mailing Address 1 Gateway Center Suite 520

City Newark State NJ Zip Code 07102

Purpose of Disbursement 2012 NJ-S--General

Candidate Name Robert Menendez

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NJ District:

**Transaction ID:** D384875  
**Date of Disbursement:** 03 / 24 / 2011

Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

**B.** Full Name (Last, First, Middle Initial)  
Montanans for Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement 2012 MT-S--Primary

Candidate Name Jon Tester

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MT District:

**Transaction ID:** D384872  
**Date of Disbursement:** 03 / 24 / 2011

Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

**C.** Full Name (Last, First, Middle Initial)  
Montanans for Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement 2012 MT-S--General

Candidate Name Jon Tester

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MT District:

**Transaction ID:** D384873  
**Date of Disbursement:** 03 / 24 / 2011

Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
IMPACT

A.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: D383860 Date of Disbursement 03 / 15 / 2011
	Mailing Address PO Box 8666	Amount of Each Disbursement this Period 5000.00
	City Omaha State NE Zip Code 68108	
	Purpose of Disbursement 2012 NE-S--Primary Candidate Name Benjamin E. Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: D383861 Date of Disbursement 03 / 15 / 2011
	Mailing Address PO Box 8666	Amount of Each Disbursement this Period 5000.00
	City Omaha State NE Zip Code 68108	
	Purpose of Disbursement 2012 NE-S--General Candidate Name Benjamin E. Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....	10000.00
TOTAL This Period (last page this line number only) .....	125000.00