

**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)

General Dynamics Corporation Political Action Committee (GDC PAC)

Full Name (Last, First, Middle Initial)

A. Impact Committee

Mailing Address 100 Luna Park Dr.
Suite #156

City Alexandria State VA Zip Code 22305

Purpose of Disbursement

011

Candidate Name

Impact Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 62084656

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

011

Candidate Name

Rep. Daniel Maffei

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 62084663

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Vargas For Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement

011

Candidate Name

Rep. Juan C. Vargas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 62084664

Amount of Each Disbursement this Period

1000.00

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

7000.00

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