

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

IMPACT

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

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

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

C00348607

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2008 through 09 30 2008

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 04 17 2009

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
IMPACT

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		152123.20
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	112646.26									
(c) Total Receipts (from Line 19) .....	10200.75	255956.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122847.01	408079.43								
7. Total Disbursements (from Line 31) .....	57376.14	342608.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65470.87	65470.87								
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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	0.00	24750.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	24750.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	229035.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10000.00	253785.00
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) .....	67.16	93.06
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	133.59	2078.17
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)) .....	10200.75	255956.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10200.75	255956.23

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	17376.14	67608.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	17376.14	67608.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	270000.00
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	5000.00
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))..	57376.14	342608.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57376.14	342608.56

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	10000.00	253785.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10000.00	253785.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17376.14	67608.56
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	67.16	93.06
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17308.98	67515.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 13
	(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) Anheuser-Busch PAC		Date of Receipt
Mailing Address 1401 I Street, NW Suite 200		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> C39278
<input type="checkbox"/> C C00034488		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
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.**

Full Name (Last, First, Middle Initial) Verizon Communications Inc. Good Govt. Club PAC		Date of Receipt
Mailing Address 1300 I St. NW 4th Fl.		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> C39274
<input type="checkbox"/> C C00186288		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
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>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="10000.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 13	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
 IMPACT

<b>A.</b>	Full Name (Last, First, Middle Initial) Citizens Bank		Date of Receipt
	Mailing Address 720 South Main Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sharon	MA	02067
	FEC ID number of contributing federal political committee.		Transaction ID: C39321
	Amount of Each Receipt this Period		<input type="text" value="133.59"/>
Name of Employer		Occupation	* Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2078.17"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="133.59"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="133.59"/>

**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: D6526 Date of Disbursement																			
	Mailing Address c/o Kensico Properties 509 Madison Ave.	<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>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	8												
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent (includes utilities)	<table border="1"><tr><td>330.47</td></tr></table>	330.47																		
330.47																					
	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) Kelly Glynn	Transaction ID: D6527 Date of Disbursement																			
	Mailing Address 226 East 70th St. Apt. 4-H	<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>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	8												
	City New York State NY Zip Code 10021	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consulting Services-Fundraising	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

Not for Federal Candidate

C.	Full Name (Last, First, Middle Initial) Kelly Heaton	Transaction ID: D6540 Date of Disbursement																			
	Mailing Address 340 W. 57th St. Apt. 7D	<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>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	8												
	City New York State NY Zip Code 10019	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Professional Services-Fundraising	<table border="1"><tr><td>750.00</td></tr></table>	750.00																		
750.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	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) .....	<table border="1"><tr><td>1580.47</td></tr></table>	1580.47
1580.47		
<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)

PAGE 9 / 13

<input checked="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) New York Football Giants Inc.</p> <hr/> <p>Mailing Address    Giants Stadium</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City East Rutherford</td> <td style="width: 33%;">State NJ</td> <td style="width: 33%;">Zip Code 07073</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 80%;">Purpose of Disbursement Fundraising Reception-Facilities Deposit</td> <td style="width: 20%; border: 1px solid black; text-align: center;">007</td> </tr> <tr> <td>Candidate Name</td> <td style="border: 1px solid black; text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For: <input type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                    District:</td> <td></td> </tr> </table>	City East Rutherford	State NJ	Zip Code 07073	Purpose of Disbursement Fundraising Reception-Facilities Deposit	007	Candidate Name	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                    District:		<p><b>Transaction ID:</b> D6530 <b>Date of Disbursement</b></p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black;">M</td><td style="border: 1px solid black;">M</td><td style="border: 1px solid black;">/</td><td style="border: 1px solid black;">D</td><td style="border: 1px solid black;">D</td><td style="border: 1px solid black;">/</td><td style="border: 1px solid black;">Y</td><td style="border: 1px solid black;">Y</td><td style="border: 1px solid black;">Y</td><td style="border: 1px solid black;">Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <p><b>Amount of Each Disbursement this Period</b></p> <table style="width: 100%; text-align: center; border: 1px solid black;"> <tr> <td style="border: 1px solid black; width: 80%; height: 20px;">14490.00</td> </tr> </table> <hr/> <p>Not for Federal Candidate</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	8	14490.00
City East Rutherford	State NJ	Zip Code 07073																															
Purpose of Disbursement Fundraising Reception-Facilities Deposit	007																																
Candidate Name	Category/ Type																																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																																
State:                    District:																																	
M	M	/	D	D	/	Y	Y	Y	Y																								
0	9		0	3		2	0	0	8																								
14490.00																																	
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Brad Thompson</p> <hr/> <p>Mailing Address    215 W 13th St., #5A</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City New York</td> <td style="width: 33%;">State NY</td> <td style="width: 33%;">Zip Code 10011</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 80%;">Purpose of Disbursement Consulting Services-Fundraising</td> <td style="width: 20%; border: 1px solid black; text-align: center;">003</td> </tr> <tr> <td>Candidate Name</td> <td style="border: 1px solid black; text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For: <input type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                    District:</td> <td></td> </tr> </table>	City New York	State NY	Zip Code 10011	Purpose of Disbursement Consulting Services-Fundraising	003	Candidate Name	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                    District:		<p><b>Transaction ID:</b> D6528 <b>Date of Disbursement</b></p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black;">M</td><td style="border: 1px solid black;">M</td><td style="border: 1px solid black;">/</td><td style="border: 1px solid black;">D</td><td style="border: 1px solid black;">D</td><td style="border: 1px solid black;">/</td><td style="border: 1px solid black;">Y</td><td style="border: 1px solid black;">Y</td><td style="border: 1px solid black;">Y</td><td style="border: 1px solid black;">Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <p><b>Amount of Each Disbursement this Period</b></p> <table style="width: 100%; text-align: center; border: 1px solid black;"> <tr> <td style="border: 1px solid black; width: 80%; height: 20px;">1000.00</td> </tr> </table> <hr/> <p>Not for Federal Candidate</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	8	1000.00
City New York	State NY	Zip Code 10011																															
Purpose of Disbursement Consulting Services-Fundraising	003																																
Candidate Name	Category/ Type																																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																																
State:                    District:																																	
M	M	/	D	D	/	Y	Y	Y	Y																								
0	9		0	1		2	0	0	8																								
1000.00																																	
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <hr/> <p>Mailing Address    P.O. Box 2853</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City New York</td> <td style="width: 33%;">State NY</td> <td style="width: 33%;">Zip Code 10116</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 80%;">Purpose of Disbursement Credit Card - See Below if Itemized</td> <td style="width: 20%; border: 1px solid black; text-align: center;">001</td> </tr> <tr> <td>Candidate Name</td> <td style="border: 1px solid black; text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For: <input type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                    District:</td> <td></td> </tr> </table>	City New York	State NY	Zip Code 10116	Purpose of Disbursement Credit Card - See Below if Itemized	001	Candidate Name	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:                    District:		<p><b>Transaction ID:</b> D6529 <b>Date of Disbursement</b></p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black;">M</td><td style="border: 1px solid black;">M</td><td style="border: 1px solid black;">/</td><td style="border: 1px solid black;">D</td><td style="border: 1px solid black;">D</td><td style="border: 1px solid black;">/</td><td style="border: 1px solid black;">Y</td><td style="border: 1px solid black;">Y</td><td style="border: 1px solid black;">Y</td><td style="border: 1px solid black;">Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <p><b>Amount of Each Disbursement this Period</b></p> <table style="width: 100%; text-align: center; border: 1px solid black;"> <tr> <td style="border: 1px solid black; width: 80%; height: 20px;">290.67</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	8	290.67
City New York	State NY	Zip Code 10116																															
Purpose of Disbursement Credit Card - See Below if Itemized	001																																
Candidate Name	Category/ Type																																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																																
State:                    District:																																	
M	M	/	D	D	/	Y	Y	Y	Y																								
0	9		0	2		2	0	0	8																								
290.67																																	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15780.67
<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)  
American Express

Mailing Address P.O. Box 2853

City New York State NY Zip Code 10116

Purpose of Disbursement Credit Card Annual Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D6535  
Date of Disbursement 09 / 02 / 2008

Amount of Each Disbursement this Period 125.00

001 Category/Type

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D6533  
Date of Disbursement 09 / 02 / 2008

Amount of Each Disbursement this Period 15.00

001 Category/Type

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D6534  
Date of Disbursement 09 / 02 / 2008

Amount of Each Disbursement this Period 127.67

001 Category/Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

**TOTAL** This Period (last page this line number only) ..... ► 17361.14

# 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) Colorado State Democratic Party	Transaction ID: D6542 Date of Disbursement
	Mailing Address 777 Santa Fe Dr.	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Colorado State Democratic Party	<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) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Party of New Mexico	Transaction ID: D6541 Date of Disbursement
	Mailing Address 1301 San Pedro Blvd. NE	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Albuquerque State NM Zip Code 87110	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Democratic Party of New Mexico	<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) Kryzan for Congress	Transaction ID: D6536 Date of Disbursement
	Mailing Address P.O. Box 317	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Amherst State NY Zip Code 14226	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution 2008 NY-H-26-General	<input type="text" value="5000.00"/>
	Candidate Name Alice J. Kryzan	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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) Minnesota Democratic Farmer Labor Party	Transaction ID: D6539 Date of Disbursement
	Mailing Address 255 East Plato Blvd.	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Saint Paul State MN Zip Code 55107	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Minnesota Democratic Farmer Labor Party	<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) ▼

B.	Full Name (Last, First, Middle Initial) Mississippi Democratic Party	Transaction ID: D6544 Date of Disbursement
	Mailing Address P.O. Box 1583	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Jackson State MS Zip Code 39215	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Mississippi Democratic Party	<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) New York State Committee of the Working Families Party	Transaction ID: D6538 Date of Disbursement
	Mailing Address 2-4 Nevins St. 3rd Fl.	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Brooklyn State NY Zip Code 11217	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name New York State Committee of the Working Families Party	<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) ▼

<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)

PAGE 13 / 13

<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)  
North Carolina Democratic Party - Federal

Mailing Address 220 Hillsborough St.

City Raleigh State NC Zip Code 27603

Purpose of Disbursement  
Contribution

Candidate Name  
North Carolina Democratic Party - Federal

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D6543

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Paul Tonko for Congress

Mailing Address 911 Central Ave.  
P.O. Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
2008 NY-H-21-General

Candidate Name  
Paul D. Tonko

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  Primary  General  
 Other (specify) ▼

State: NY District: 21

Transaction ID: D6537

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

40000.00