

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

IMPACT

ADDRESS (number and street) 192 Lexington Ave. Suite 1001 New York NY 10016

Check if different than previously reported. (ACC)

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

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on 04 / 30 / 2013 in the State of MA

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on / / in the State of

5. Covering Period 01 / 01 / 2013 through 04 / 10 / 2013

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 David A. Barrett [Electronically Filed] Date 04 / 18 / 2013

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 | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**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: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | <input type="text" value="202743.44"/> | <input type="text" value="202743.44"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="56852.66"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="138354.44"/> | <input type="text" value="138354.44"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="195207.10"/> | <input type="text" value="341097.88"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="157314.20"/> | <input type="text" value="157314.20"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="37892.90"/> | <input type="text" value="183783.68"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

IMPACT

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 04 / 10 / 2013

| 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)..... | 13000.00 | 13000.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 13000.00 | 13000.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 125250.00 | 125250.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 138250.00 | 138250.00 |
| 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)..... | 103.80 | 103.80 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.64 | 0.64 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 138354.44 | 138354.44 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 138354.44 | 138354.44 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 91314.20 | 91314.20 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 91314.20 | 91314.20 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 65000.00 | 65000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 1000.00 | 1000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 157314.20 | 157314.20 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 157314.20 | 157314.20 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 138250.00 | 138250.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 138250.00 | 138250.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 91314.20 | 91314.20 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 103.80 | 103.80 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 91210.40 | 91210.40 |

**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 6 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IMPACT

A. Victor H. Fazio
Full Name (Last, First, Middle Initial)

Mailing Address 1333 New Hampshire Avenue, NW

City Washington State DC Zip Code 20036

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2013
Transaction ID : C8698764

Amount of Each Receipt this Period
 2500.00

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

Mailing Address c/o William Burton @ Sagat-Burton
245 Park Avenue, 39th Fl

City New York State NY Zip Code 10167

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

Name of Employer 1st Financial Funding & Investment Occupation Sr. VP Real Estate Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : C8706236

Amount of Each Receipt this Period
 5000.00

C. Jeffrey J. Peck
Full Name (Last, First, Middle Initial)

Mailing Address 5900 Cromwell Dr.

City Bethesda State MD Zip Code 20816

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

Name of Employer Peck Madigan Jones Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : C8693068

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 7 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. Ruth T. Reisner

Mailing Address 305 North 8th St.

City Olean State NY Zip Code 14760

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

Name of Employer Trans Am Ambulance Services Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : C8714213

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 13000.00 |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

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

Mailing Address 20 F Street, NW
Suite 350

City Washington State DC Zip Code 20001

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 M / D D D / Y Y Y Y Y Y
04 / 01 / 2013

Transaction ID : C8712752

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2013

Transaction ID : C8698770

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. AGSH&F Civil Action Committee

Mailing Address 1333 New Hampshire Ave., NW
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
M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2013

Transaction ID : C8698769

Amount of Each Receipt this Period
2500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 57 |
| <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. AICPA PAC
Full Name (Last, First, Middle Initial)
Mailing Address 220 Leigh Farm Road
City Durham State NC Zip Code 27707
FEC ID number of contributing federal political committee. **C** C00077321
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2013
Transaction ID : C8696669
Amount of Each Receipt this Period
5000.00

B. AllState Insurance Company PAC
Full Name (Last, First, Middle Initial)
Mailing Address 2775 Sanders Rd. Suite A2W
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 Y Y
01 / 24 / 2013
Transaction ID : C8692145
Amount of Each Receipt this Period
1000.00

C. American Bankers Association PAC
Full Name (Last, First, Middle Initial)
Mailing Address 1120 Connecticut Ave., NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00004275
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2013
Transaction ID : C8698790
Amount of Each Receipt this Period
4000.00

| | |
|---|----------|
| 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: (check only one) | PAGE 10 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

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

Mailing Address 1120 Connecticut Ave., NW

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20036 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00004275

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 04 | / | 2013 |

Transaction ID : C8698794

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. American Federation of State County & Municipal Employees

Mailing Address 1625 L Street NW

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20036 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00011114

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 08 | / | 2013 |

Transaction ID : C8714212

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. 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 M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2013 |

Transaction ID : C8712762

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: (check only one) | PAGE 11 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. American Intellectual Property Law Association PAC

Mailing Address 241 18th St. South
Suite #700

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C C00156935**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2013
Transaction ID : C8696668

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Bank of America State & Federal 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 ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2013
Transaction ID : C8706108

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1701 JFK Boulevard, 49th Floor

City State Zip Code
Philadelphia PA 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
M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2013
Transaction ID : C8698784

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: (check only one) | PAGE 12 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

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

Mailing Address 601 Hawaii Street

City State Zip Code
El Segundo CA 90245

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013
Transaction ID : C8707094

Amount of Each Receipt this Period
5000.00

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

Mailing Address 1233 20th Street, NW
Suite 302

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013
Transaction ID : C8698792

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. 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 M / D D D / Y Y Y Y Y Y
02 / 25 / 2013
Transaction ID : C8697697

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: (check only one) | PAGE 13 OF 57 |
| <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. Fluor Corporation PAC
Full Name (Last, First, Middle Initial)
Mailing Address 6700 Las Colinas Boulevard
City Irving State TX Zip Code 75039
FEC ID number of contributing federal political committee. **C** C00034132
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2013
Transaction ID : C8712753
Amount of Each Receipt this Period
5000.00

B. General Electric PAC
Full Name (Last, First, Middle Initial)
Mailing Address 1299 Pennsylvania Ave., NW
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00024869
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2013
Transaction ID : C8698795
Amount of Each Receipt this Period
2500.00

C. Honeywell International PAC
Full Name (Last, First, Middle Initial)
Mailing Address 101 Constitution Avenue, NW Suite 500 West
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00096156
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 Y Y
03 / 13 / 2013
Transaction ID : C8705842
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: (check only one) | PAGE 14 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. Investment Company Institute PAC

Mailing Address 1401 H Street, NW
Suite 1200

City Washington State DC Zip Code 20005

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

Date of Receipt
03 / 04 / 2013
Transaction ID : C8698793

Amount of Each Receipt this Period
5000.00

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

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 29 / 2013
Transaction ID : C8712756

Amount of Each Receipt this Period
5000.00

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

Mailing Address PO Box 21664

City Roanoke State VA Zip Code 24018-0168

FEC ID number of contributing federal political committee. **C** C00467639

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 22 / 2013
Transaction ID : C8710077

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: (check only one) | PAGE 15 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

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

Mailing Address 1717 Rhode Island Avenue NW
Suite 400

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013
Transaction ID : C8712757

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. National Association of Realtors Political Action Committee

Mailing Address 430 North Michigan Ave.

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2013
Transaction ID : C8698789

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. National Cable & Telecommunications Assoc. PAC

Mailing Address 25 Massachusetts Ave. NW Suite 100

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2013
Transaction ID : C8712754

Amount of Each Receipt this Period
2500.00

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 12500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Rd.

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013
Transaction ID : C8705848

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. National Multi Housing Council PAC

Mailing Address 1850 M Street, NW Suite 540

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2013
Transaction ID : C8697700

Amount of Each Receipt this Period
3000.00

Full Name (Last, First, Middle Initial)
C. New York Life Insurance PAC

Mailing Address 51 Madison Avenue Room 1109

City New York State NY Zip Code 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 M / D D D / Y Y Y Y Y Y
03 / 18 / 2013
Transaction ID : C8709059

Amount of Each Receipt this Period
5000.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 13000.00 |
| 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 17 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. NYSE Euronext PAC

Mailing Address 607 14th St. NW Suite 800

City Washington State DC Zip Code 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 Y
 02 / 15 / 2013
Transaction ID : C8697512

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Oracle America, Inc. PAC

Mailing Address 1015 15th Street NW Suite 200

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 ▼
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : C8693069

Amount of Each Receipt this Period
1250.00

Full Name (Last, First, Middle Initial)
C. Time Warner Cable Federal PAC

Mailing Address 901 F St. NW Suite 800

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00431551

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C8697517

Amount of Each Receipt this Period
5000.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 11250.00 |
| 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 18 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)
A. UBS Americas Inc. Political Action Committee (UBS PAC)

Mailing Address 400 Atlantic Street
c/o Per Dyrvik

City Stamford State CT Zip Code 06901

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
M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2013
Transaction ID : C8706101

Amount of Each Receipt this Period
5000.00

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

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

FEC ID number of contributing federal political committee. **C** C00369660

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2013
Transaction ID : C8706102

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1300 I St. NW
Suite 400 West

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 M / D D D / Y Y Y Y Y Y
03 / 29 / 2013
Transaction ID : C8712755

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: (check only one) | PAGE 19 OF 57 |
| <input type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 |
| <input checked="" type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |
| <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IMPACT

A. Wine and Spirits Wholesalers of America PAC

Full Name (Last, First, Middle Initial)
Mailing Address 805 15th St. NW
Suite 430

City Washington State DC Zip Code 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 Y Y
03 / 19 / 2013

Transaction ID : C8709057

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | 125250.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Air Charter Express

Mailing Address 8530 Seneca Turnpike

City New Hartford State NY Zip Code 13413

Purpose of Disbursement
Travel

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480745

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Cres Inc.

Mailing Address 192 Lexington Avenue #1205

City New York State NY Zip Code 10016-6823

Purpose of Disbursement
Rent & Utilities

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480747

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Cres Inc.

Mailing Address 192 Lexington Avenue #1205

City New York State NY Zip Code 10016-6823

Purpose of Disbursement
Rent & Utilities

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480748

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Cres Inc.

Mailing Address 192 Lexington Avenue #1205

City New York State NY Zip Code 10016-6823

Purpose of Disbursement
Rent & Utilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /
02 / 26 / 2013

Transaction ID : D481262

Amount of Each Disbursement this Period

1261.95

Full Name (Last, First, Middle Initial)

B. Cres Inc.

Mailing Address 192 Lexington Avenue #1205

City New York State NY Zip Code 10016-6823

Purpose of Disbursement
Rent & Utilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /
04 / 01 / 2013

Transaction ID : D488026

Amount of Each Disbursement this Period

1261.28

Full Name (Last, First, Middle Initial)

C. Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /
03 / 08 / 2013

Transaction ID : D488002

Amount of Each Disbursement this Period

34.95

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

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

2558.18

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : D481263

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2013

Transaction ID : D480750

Amount of Each Disbursement this Period

34.95

Full Name (Last, First, Middle Initial)

C. Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2013

Transaction ID : D488474

Amount of Each Disbursement this Period

144.65

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

204.60

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 8 | | 2 | 0 | 1 | 3 |

Transaction ID : D488475

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 1 | 0 | . | 0 | 5 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Flanagan Fulkerson & Company

Mailing Address 220 I Street NE
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Postage

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 5 | | 2 | 0 | 1 | 3 |

Transaction ID : D488271

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 0 | . | 5 | 9 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Flanagan Fulkerson & Company

Mailing Address 220 I Street NE
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Consulting Services-Fundraising

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : D480751

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Not for Federal Candidate

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 0 | 5 | 0 | . | 6 | 4 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 0 | 5 | 0 | . | 6 | 4 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Flanagan Fulkerson & Company

Mailing Address 220 I Street NE
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Consulting Services-Fundraising

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480752

Amount of Each Disbursement this Period

Not for Federal Candidate

Full Name (Last, First, Middle Initial)

B. Flanagan Fulkerson & Company

Mailing Address 220 I Street NE
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Reception-Catering, Travel & Postage

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480753

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Flanagan Fulkerson & Company

Mailing Address 220 I Street NE
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Consulting Services-Fundraising

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D481264

Amount of Each Disbursement this Period

Not for Federal Candidate

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Flanagan Fulkerson & Company | | Date of Disbursement MM / DD / YYYY 03 / 12 / 2013 |
| Mailing Address 220 I Street NE Suite 250 | | Transaction ID : D488005 |
| City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period 1823.64 | |
| Purpose of Disbursement Reception-Catering | Candidate Name | Category/ Type 003 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Flanagan Fulkerson & Company | | Date of Disbursement MM / DD / YYYY 04 / 01 / 2013 |
| Mailing Address 220 I Street NE Suite 250 | | Transaction ID : D488024 |
| City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period 5000.00 | |
| Purpose of Disbursement Consulting Services-Fundraising | Candidate Name | Category/ Type 003 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |

Not for Federal Candidate

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Health Plan of New York | | Date of Disbursement MM / DD / YYYY 04 / 01 / 2013 |
| Mailing Address Box 9221, GPO | | Transaction ID : D488025 |
| City New York State NY Zip Code 10087 | Amount of Each Disbursement this Period 450.23 | |
| Purpose of Disbursement Health Insurance | Candidate Name | Category/ Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 7273.87 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Health Plan of New York

Mailing Address Box 9221, GPO

City New York State NY Zip Code 10087

Purpose of Disbursement
Health Insurance

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2013

Transaction ID : D481265

Amount of Each Disbursement this Period

600.31

Full Name (Last, First, Middle Initial)

B. Health Plan of New York

Mailing Address Box 9221, GPO

City New York State NY Zip Code 10087

Purpose of Disbursement
Health Insurance

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 01 / 2013

Transaction ID : D480754

Amount of Each Disbursement this Period

600.31

Full Name (Last, First, Middle Initial)

C. Health Plan of New York

Mailing Address Box 9221, GPO

City New York State NY Zip Code 10087

Purpose of Disbursement
Health Insurance

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2013

Transaction ID : D480755

Amount of Each Disbursement this Period

600.31

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

1800.93

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Michael Lynch

Mailing Address 317 Tennessee Ave NE

City Washington State DC Zip Code 20002-6445

Purpose of Disbursement
Political Consultant-Communications

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D480756

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Michael Lynch

Mailing Address 317 Tennessee Ave NE

City Washington State DC Zip Code 20002-6445

Purpose of Disbursement
Political Consultant-Communications

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D488270

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D481259

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Fee

| |
|-------------------|
| 001 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 10 | | 2013 |

Transaction ID : D480731

Amount of Each Disbursement this Period

| |
|-------|
| 72.00 |
|-------|

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Fee

| |
|-------------------|
| 001 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 11 | | 2013 |

Transaction ID : D488003

Amount of Each Disbursement this Period

| |
|-------|
| 72.00 |
|-------|

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Fee

| |
|-------------------|
| 001 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 10 | | 2013 |

Transaction ID : D488004

Amount of Each Disbursement this Period

| |
|-------|
| 72.00 |
|-------|

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

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

| |
|--------|
| 216.00 |
|--------|

| |
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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Perkins Coie

Mailing Address 1201 Third Ave.
Suite 4800

City State Zip Code
Seattle WA 98101

Purpose of Disbursement
Professional Services-Legal

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2013

Transaction ID : D481266

Amount of Each Disbursement this Period

111.00

Full Name (Last, First, Middle Initial)

B. Perkins Coie

Mailing Address 1201 Third Ave.
Suite 4800

City State Zip Code
Seattle WA 98101

Purpose of Disbursement
Professional Services-Legal

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : D488007

Amount of Each Disbursement this Period

492.50

Full Name (Last, First, Middle Initial)

C. Perkins Coie

Mailing Address 1201 Third Ave.
Suite 4800

City State Zip Code
Seattle WA 98101

Purpose of Disbursement
Professional Services-Legal

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2013

Transaction ID : D480757

Amount of Each Disbursement this Period

37.00

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

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

640.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Schmutter Strull Fleisch Inc.

Mailing Address 80 Maiden Ln. Suite 1203

City New York State NY Zip Code 10038

Purpose of Disbursement
Insurance

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D481267

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Schmutter Strull Fleisch Inc.

Mailing Address 80 Maiden Ln. Suite 1203

City New York State NY Zip Code 10038

Purpose of Disbursement
Insurance

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D481268

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Verdolino & Lowey, P.C.

Mailing Address 124 Washington St.
Suite 101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional Services-Accounting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D481269

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Verdolino & Lowey, P.C. | | Date of Disbursement MM / DD / YYYY 02 / 19 / 2013 |
| Mailing Address 124 Washington St. Suite 101 | | Transaction ID : D481270 |
| City Foxboro | State MA | |
| Zip Code 02035 | Purpose of Disbursement Professional Services-Accounting | Amount of Each Disbursement this Period 1355.90 |
| Candidate Name | Category/ Type 001 | |
| 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: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Verdolino & Lowey, P.C. | | Date of Disbursement MM / DD / YYYY 03 / 01 / 2013 |
| Mailing Address 124 Washington St. Suite 101 | | Transaction ID : D481271 |
| City Foxboro | State MA | |
| Zip Code 02035 | Purpose of Disbursement Professional Services-Accounting | Amount of Each Disbursement this Period 1061.75 |
| Candidate Name | Category/ Type 001 | |
| 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: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Verdolino & Lowey, P.C. | | Date of Disbursement MM / DD / YYYY 01 / 25 / 2013 |
| Mailing Address 124 Washington St. Suite 101 | | Transaction ID : D480758 |
| City Foxboro | State MA | |
| Zip Code 02035 | Purpose of Disbursement Professional Services-Accounting | Amount of Each Disbursement this Period 1495.35 |
| Candidate Name | Category/ Type 001 | |
| 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: | | |

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

3913.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 2853

City New York State NY Zip Code 10116

Purpose of Disbursement
Credit Card- See Below if Itemized

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2013

Transaction ID : D480631

Amount of Each Disbursement this Period

1530.11

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 10 G Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2013

Transaction ID : D480634

Amount of Each Disbursement this Period

199.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 10 G Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2013

Transaction ID : D480635

Amount of Each Disbursement this Period

151.80

[MEMO ITEM]

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

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

1530.11

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **D480639**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **D480646**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **D480647**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement Postage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480648

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 2853

City New York State NY Zip Code 10116

Purpose of Disbursement Credit Card- See Below if Itemized

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480649

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. B & H Photo

Mailing Address 420 Ninth Ave.

City New York State NY Zip Code 10001

Purpose of Disbursement Office Equipment

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480650

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Clyde's Gallery Place

Mailing Address 707 7th Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Meetings/Meals

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480651

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NGP Van, Inc

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480653

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480654

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2013

Transaction ID : D480655

Amount of Each Disbursement this Period

27.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2013

Transaction ID : D480656

Amount of Each Disbursement this Period

40.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2013

Transaction ID : D480657

Amount of Each Disbursement this Period

14.45

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Payment (See Below)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 1 | 3 |

Transaction ID : **D480732**

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 1 | 3 | 0 | 3 | 6 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 1 | 3 |

Transaction ID : **D480738**

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 7 | 7 | 0 | 6 | 0 |
|---|---|---|---|---|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Nicholas Kutryb

Mailing Address 455 W 37th Street
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 5 | | 2 | 0 | 1 | 3 |

Transaction ID : **D480741**

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 2 | 8 | 2 | 6 | 0 |
|---|---|---|---|---|---|

[MEMO ITEM]

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

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

| | | | | | |
|---|---|---|---|---|---|
| 5 | 1 | 3 | 0 | 3 | 6 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 5 | 1 | 3 | 0 | 3 | 6 |
|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Taxes/Withholdings

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480733

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Payment (See Below)

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480734

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480739

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Nicholas Kutryb

Mailing Address 455 W 37th Street
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Transaction ID : D480742

Amount of Each Disbursement this Period

2156.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Taxes/Withholdings

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Transaction ID : D480735

Amount of Each Disbursement this Period

2118.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Payment (See Below)

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2013

Transaction ID : D480736

Amount of Each Disbursement this Period

4943.39

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

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

4943.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480740

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Nicholas Kutryb

Mailing Address 455 W 37th Street
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480743

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Taxes/Withholdings

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D480737

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 2853

City New York State NY Zip Code 10116

Purpose of Disbursement
Credit Card- See Below if Itemized

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : D481234

Amount of Each Disbursement this Period

1026.04

Full Name (Last, First, Middle Initial)

B. Clyde's Gallery Place

Mailing Address 707 7th Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Meetings/Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : D481244

Amount of Each Disbursement this Period

122.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Senate Gift Shop

Mailing Address Hart Senate Building

City Washington State DC Zip Code 20510

Purpose of Disbursement
Supporter Acknowledgements

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : D481255

Amount of Each Disbursement this Period

222.00

[MEMO ITEM]

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

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

1026.04

**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

Full Name (Last, First, Middle Initial)

A. UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : D481251

Amount of Each Disbursement this Period

44.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : D481252

Amount of Each Disbursement this Period

14.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : D481253

Amount of Each Disbursement this Period

32.12

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement
Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D481254

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Payment (See Below)

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D481257

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D481260

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Nicholas Kutryb

Mailing Address 455 W 37th Street
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : D481261

Amount of Each Disbursement this Period

156.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Taxes/Withholdings

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : D481258

Amount of Each Disbursement this Period

94.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Payment (See Below)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : D488034

Amount of Each Disbursement this Period

94.94

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

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

94.94

**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

Full Name (Last, First, Middle Initial)

A. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D488040

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Nicholas Kutryb

Mailing Address 455 W 37th Street
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D488103

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Taxes/Withholdings

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D488039

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address Smallbiz Payroll
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement
Payroll Payment (See Below)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D488107

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D488113

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Nicholas Kutryb

Mailing Address 455 W 37th Street
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D488116

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Date of Disbursement: MM / DD / YYYY
03 / 15 / 2013

Mailing Address: Smallbiz Payroll
Eagle's Landing Business Park

City: Rochester State: NY Zip Code: 14623

Purpose of Disbursement: Payroll Taxes/Withholdings

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **D488109**

Amount of Each Disbursement this Period: 1954.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Nicholas Kutryb

Date of Disbursement: MM / DD / YYYY
03 / 15 / 2013

Mailing Address: 455 W 37th Street
Apt 510

City: New York State: NY Zip Code: 10018

Purpose of Disbursement: Travel Reimb., See Below if Itemized

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **D488117**

Amount of Each Disbursement this Period: 1422.18

Full Name (Last, First, Middle Initial)

C. Taylor Made Limo & Sedan Service

Date of Disbursement: MM / DD / YYYY
03 / 15 / 2013

Mailing Address: 1337 East Fernrock St.

City: Carson State: CA Zip Code: 90746

Purpose of Disbursement: Travel

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **D488127**

Amount of Each Disbursement this Period: 750.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1422.18

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. The Fallon Inn

Mailing Address 22 North Water Street

City Edgartown State MA Zip Code 02539

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 15 | / | 2013 |

Transaction ID : D488126

Amount of Each Disbursement this Period

| |
|--------|
| 647.23 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Postage Reimb., See Below if Itemized

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 15 | / | 2013 |

Transaction ID : D488129

Amount of Each Disbursement this Period

| |
|-------|
| 32.48 |
|-------|

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 2853

City New York State NY Zip Code 10116

Purpose of Disbursement
Credit Card- See Below if Itemized

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | / | 09 | / | 2013 |

Transaction ID : D488626

Amount of Each Disbursement this Period

| |
|----------|
| 10502.69 |
|----------|

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

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

| |
|----------|
| 10535.17 |
|----------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Clyde's Gallery Place

Mailing Address 707 7th Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Meetings/Meals

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **D488645**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Clyde's Gallery Place

Mailing Address 707 7th Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Meetings/Meals

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **D488646**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Clyde's Gallery Place

Mailing Address 707 7th Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Meetings/Meals

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **D488647**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Clyde's Gallery Place | | Date of Disbursement MM / DD / YYYY 04 / 09 / 2013 |
| Mailing Address 707 7th Street NW | | Transaction ID : D488648 |
| City Washington | State DC | |
| Zip Code 20001 | Purpose of Disbursement Meetings/Meals | Amount of Each Disbursement this Period 77.32 |
| Candidate Name | Category/Type 001 | [MEMO ITEM] |
| 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: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Clyde's Gallery Place | | Date of Disbursement MM / DD / YYYY 04 / 09 / 2013 |
| Mailing Address 707 7th Street NW | | Transaction ID : D488649 |
| City Washington | State DC | |
| Zip Code 20001 | Purpose of Disbursement Meetings/Meals | Amount of Each Disbursement this Period 89.69 |
| Candidate Name | Category/Type 001 | [MEMO ITEM] |
| 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: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. New York Yankees | | Date of Disbursement MM / DD / YYYY 04 / 09 / 2013 |
| Mailing Address River Ave. & East 161st | | Transaction ID : D488631 |
| City Bronx | State NY | |
| Zip Code 10451 | Purpose of Disbursement Reception-Facilities Not for Fed Candidate | Amount of Each Disbursement this Period 8600.00 |
| Candidate Name | Category/Type 007 | [MEMO ITEM] |
| 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: | | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D488643

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D488636

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D488640

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D488641

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UPS Store

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D488630

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Contr. to Party Comm

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2013

Transaction ID : D480749

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Friends of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
2014 MT-S-00-Primary

011

Candidate Name

Max Baucus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : D488010

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
2014 MT-S-00-General

011

Candidate Name

Max Baucus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : D488011

Amount of Each Disbursement this Period

5000.00

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

25000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

IMPACT

Full Name (Last, First, Middle Initial)

A. Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 AR-S-00-Primary

011

Candidate Name

Mark L Pryor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 9 | | 2 | 0 | 1 | 3 |

Transaction ID : D488015

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 AR-S-00-General

011

Candidate Name

Mark L Pryor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 9 | | 2 | 0 | 1 | 3 |

Transaction ID : D488016

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
2014 RI-S-00-Primary

011

Candidate Name

Jack F Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 9 | | 2 | 0 | 1 | 3 |

Transaction ID : D488019

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
2014 RI-S-00-General

011

Category/
Type

Candidate Name

Jack F Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : D488020

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. The Markey Committee

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement
2013 MA-S-00-Special Primary

011

Category/
Type

Candidate Name

Edward John Markey

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special Primary

State: MA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : D488021

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. The Markey Committee

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement
2013 MA-S-00-Special General

011

Category/
Type

Candidate Name

Edward John Markey

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special General

State: MA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2013

Transaction ID : D488022

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. Udall For Colorado Inc.

Mailing Address PO Box 40158

City State Zip Code
Denver CO 80204

Purpose of Disbursement
2014 CO-S-00-Primary

011

Candidate Name
Mark E Udall

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : D488012

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Udall For Colorado Inc.

Mailing Address PO Box 40158

City State Zip Code
Denver CO 80204

Purpose of Disbursement
2014 CO-S-00-General

011

Candidate Name
Mark E Udall

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : D488014

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

10000.00

65000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IMPACT

Full Name (Last, First, Middle Initial)

A. NYS Democratic Rural Conference

Mailing Address 858 Davis Street

City Elmira State NY Zip Code 14901

Purpose of Disbursement
Non-Federal Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D488027

Amount of Each Disbursement this Period

Non-Federal Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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