

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

Empire Political Action Committee

ADDRESS (number and street)

PO Box 15033

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00477067

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
[X] 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), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

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

- (d) 30-Day POST-Election Report for the:
General (30G), Runoff (30R), Special (30S)
Election on in the State of

5. Covering Period 07 01 2015 through 12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Keith Lowey

Signature of Treasurer Keith Lowey [Electronically Filed] Date 01 29 2015

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 table with columns for processing information.

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Empire Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="171794.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82969.28"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20000.00"/>	<input type="text" value="122000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="102969.28"/>	<input type="text" value="293794.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35906.69"/>	<input type="text" value="226731.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="67062.59"/>	<input type="text" value="67062.59"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

Page 3

Write or Type Committee Name

**Empire Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

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).....	1000.00	14500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1000.00	14500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	14000.00	102500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15000.00	117000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	20000.00	122000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20000.00	122000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	10906.69	41731.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10906.69	41731.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	175000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	10000.00
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)) ..	35906.69	226731.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35906.69	226731.98

**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) .....	15000.00	117000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15000.00	117000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10906.69	41731.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10906.69	41731.98

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

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

FOR LINE NUMBER: PAGE 6 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James Gregory Means**

Mailing Address 62451 North Taylor Street

City State Zip Code  
 Arlington VA 22207

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

Name of Employer Occupation  
 Alpine Group Principal

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  
 07 / 06 / 2015

**Transaction ID : C7948160**

Amount of Each Receipt this Period  
 1000.00

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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 7 OF 30
<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)  
**Empire Political Action Committee**

**A. Abbvie Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 North Waukegan Road  
 City North Chicago State IL Zip Code 60064  
 FEC ID number of contributing federal political committee. **C** C00536573  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : C8090615**  
 Amount of Each Receipt this Period  
 1500.00

**B. Facebook, Inc. Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 Pennsylvania Ave NW Suite 800  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00502906  
 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  
 07 / 07 / 2015  
**Transaction ID : C7948161**  
 Amount of Each Receipt this Period  
 2500.00

**C. Federal Express PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 942 S Shady Grove Rd  
 City Memphis State TN Zip Code 38120-4117  
 FEC ID number of contributing federal political committee. **C** C00068692  
 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  
 12 / 18 / 2015  
**Transaction ID : C8089399**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 30  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. FMR LLC Political Action Committee - Federal**

Mailing Address 82 Devonshire Street

City State Zip Code  
Boston MA 02109

FEC ID number of contributing federal political committee. **C C00380550**

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  
 07 / 07 / 2015  
**Transaction ID : C7948159**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Massachusetts Mutual Life Insurance Company PAC**

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111-0001

FEC ID number of contributing federal political committee. **C C00118943**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : C8077194**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**c. Zurich Holding Co. of America Committee for Good Government**

Mailing Address 1201 F Street NW

City State Zip Code  
Washington DC 20004-1217

FEC ID number of contributing federal political committee. **C C00235036**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2015  
**Transaction ID : C7948158**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14000.00



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

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

FOR LINE NUMBER: PAGE 9 OF 30  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Friends for Harry Reid**

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132

FEC ID number of contributing federal political committee. **C** C00204370

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  
 09 / 16 / 2015

**Transaction ID : C7968365**

Amount of Each Receipt this Period  
5000.00

Refund of 2016 General Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BenefitMall**

Mailing Address 16 Greenmeadow Drive  
Suite 203

City Lutherville Timonium State MD Zip Code 21093

Purpose of Disbursement  
Healthcare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D573729**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BenefitMall**

Mailing Address 16 Greenmeadow Drive  
Suite 203

City Lutherville Timonium State MD Zip Code 21093

Purpose of Disbursement  
Healthcare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D573730**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BenefitMall**

Mailing Address 16 Greenmeadow Drive  
Suite 203

City Lutherville Timonium State MD Zip Code 21093

Purpose of Disbursement  
Healthcare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D576898**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BenefitMall**

Mailing Address 16 Greenmeadow Drive  
Suite 203

City Lutherville Timonium State MD Zip Code 21093

Purpose of Disbursement  
Healthcare

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
10			01			2015			

**Transaction ID : D576909**

Amount of Each Disbursement this Period

248.99
--------

Full Name (Last, First, Middle Initial)

**B. BenefitMall**

Mailing Address 16 Greenmeadow Drive  
Suite 203

City Lutherville Timonium State MD Zip Code 21093

Purpose of Disbursement  
Healthcare

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
11			02			2015			

**Transaction ID : D577661**

Amount of Each Disbursement this Period

249.08
--------

Full Name (Last, First, Middle Initial)

**C. BenefitMall**

Mailing Address 16 Greenmeadow Drive  
Suite 203

City Lutherville Timonium State MD Zip Code 21093

Purpose of Disbursement  
Healthcare

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
12			01			2015			

**Transaction ID : D578886**

Amount of Each Disbursement this Period

248.99
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

747.06
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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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address PO Box 30005

City Southeastern State PA Zip Code 19398

Purpose of Disbursement  
Telecommunication Services

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
12			22			2015			

**Transaction ID : D578897**

Amount of Each Disbursement this Period

37.93
-------

Full Name (Last, First, Middle Initial)

**B. Comcast**

Mailing Address PO Box 30005

City Southeastern State PA Zip Code 19398

Purpose of Disbursement  
Telecommunication Services

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
11			24			2015			

**Transaction ID : D577663**

Amount of Each Disbursement this Period

37.93
-------

Full Name (Last, First, Middle Initial)

**C. Comcast**

Mailing Address PO Box 30005

City Southeastern State PA Zip Code 19398

Purpose of Disbursement  
Telecommunication Services

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
10			20			2015			

**Transaction ID : D576915**

Amount of Each Disbursement this Period

37.93
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

113.79
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address PO Box 30005

City Southeastern State PA Zip Code 19398

Purpose of Disbursement  
Telecommunication Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D576901**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Comcast**

Mailing Address PO Box 30005

City Southeastern State PA Zip Code 19398

Purpose of Disbursement  
Telecommunication Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D574326**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Comcast**

Mailing Address PO Box 30005

City Southeastern State PA Zip Code 19398

Purpose of Disbursement  
Telecommunication Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D573732**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address PO Box 30005

City Southeastern State PA Zip Code 19398

Purpose of Disbursement  
Telecommunication Services

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2015

**Transaction ID : D573733**

Amount of Each Disbursement this Period

23.70

Full Name (Last, First, Middle Initial)

**B. Global Strategy Group, LLC**

Mailing Address 895 Broadway  
Floor 5

City New York State NY Zip Code 10003-1226

Purpose of Disbursement  
Rent

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2015

**Transaction ID : D573734**

Amount of Each Disbursement this Period

280.00

Full Name (Last, First, Middle Initial)

**C. Global Strategy Group, LLC**

Mailing Address 895 Broadway  
Floor 5

City New York State NY Zip Code 10003-1226

Purpose of Disbursement  
Rent

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2015

**Transaction ID : D574327**

Amount of Each Disbursement this Period

280.00

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

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

583.70

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Global Strategy Group, LLC**

Mailing Address 895 Broadway  
Floor 5

City New York State NY Zip Code 10003-1226

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D576907**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Global Strategy Group, LLC**

Mailing Address 895 Broadway  
Floor 5

City New York State NY Zip Code 10003-1226

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D576895**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Global Strategy Group, LLC**

Mailing Address 895 Broadway  
Floor 5

City New York State NY Zip Code 10003-1226

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D577664**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Global Strategy Group, LLC**

Mailing Address 895 Broadway  
Floor 5

City New York State NY Zip Code 10003-1226

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2015

**Transaction ID : D578883**

Amount of Each Disbursement this Period

280.00

Full Name (Last, First, Middle Initial)

**B. NGP VAN, Inc.**

Mailing Address 1101 15th Street NW  
Suite 500

City Washington State DC Zip Code 20005-3914

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : D576911**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Ross Adrian Offinger**

Mailing Address 141 Lafayette Avenue  
Apartment G

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2015

**Transaction ID : D577665**

Amount of Each Disbursement this Period

500.00

Not for Federal Candidate

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

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

1080.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ross Adrian Offinger**

Mailing Address 141 Lafayette Avenue  
Apartment G

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2015

Transaction ID : D578882

Amount of Each Disbursement this Period

500.00

Not for Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Ross Adrian Offinger**

Mailing Address 141 Lafayette Avenue  
Apartment G

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2015

Transaction ID : D576894

Amount of Each Disbursement this Period

500.00

Not for Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Ross Adrian Offinger**

Mailing Address 141 Lafayette Avenue  
Apartment G

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : D576906

Amount of Each Disbursement this Period

500.00

Not for Federal Candidate

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ross Adrian Offinger</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 141 Lafayette Avenue Apartment G		<b>Transaction ID : D574328</b>
City Brooklyn	State NY	
Zip Code 11238	Purpose of Disbursement Fundraising Consulting	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type 003	Not for Federal Candidate
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>B. Ross Adrian Offinger</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 141 Lafayette Avenue Apartment G		<b>Transaction ID : D573737</b>
City Brooklyn	State NY	
Zip Code 11238	Purpose of Disbursement Fundraising Consulting	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type 003	Not for Federal Candidate
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>C. Charles Parsons</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 129 C Street SE		<b>Transaction ID : D573731</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Rent	Amount of Each Disbursement this Period 270.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles Parsons**

Mailing Address 129 C Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D574325**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Charles Parsons**

Mailing Address 129 C Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D576897**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Charles Parsons**

Mailing Address 129 C Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D576908**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles Parsons**

Mailing Address 129 C Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D577662**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Charles Parsons**

Mailing Address 129 C Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Rent

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D578884**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Perkins Coie, LLP**

Mailing Address 1201 Third Avenue  
40th Floor

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Legal Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D576900**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Perkins Coie, LLP**

Mailing Address 1201 Third Avenue  
40th Floor

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Legal Consulting

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  
07 / 28 / 2015

**Transaction ID : D573735**

Amount of Each Disbursement this Period

72.00

Full Name (Last, First, Middle Initial)

**B. United Healthcare**

Mailing Address Dept CH10151

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement  
Healthcare

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  
07 / 01 / 2015

**Transaction ID : D573738**

Amount of Each Disbursement this Period

35.50

Full Name (Last, First, Middle Initial)

**C. United Healthcare**

Mailing Address Dept CH10151

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement  
Healthcare

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  
07 / 28 / 2015

**Transaction ID : D573739**

Amount of Each Disbursement this Period

35.50

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

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

143.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. United Healthcare**

Mailing Address Dept CH10151

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement  
Healthcare

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D576896**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. United Healthcare**

Mailing Address Dept CH10151

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement  
Healthcare

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D578885**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. United Healthcare**

Mailing Address Dept CH10151

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement  
Healthcare

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D577666**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. United Healthcare**

Mailing Address Dept CH10151

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement  
Healthcare

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D576910**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Verdolino & Lowey, P.C.**

Mailing Address 124 Washington Street  
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 : D576912**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Verdolino & Lowey, P.C.**

Mailing Address 124 Washington Street  
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 : D577667**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Verdolino & Lowey, P.C.**

Mailing Address 124 Washington Street  
Suite 101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement  
Professional Services - Accounting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D576917**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Verdolino & Lowey, P.C.**

Mailing Address 124 Washington Street  
Suite 101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement  
Professional Services - Accounting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D574333**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Verdolino & Lowey, P.C.**

Mailing Address 124 Washington Street  
Suite 101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement  
Professional Services - Accounting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D573740**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D573743**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D574335**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D576902**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D577668**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D576916**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D578898**

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Credit Card Payment, 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
07		02		2015

**Transaction ID : D573721**

Amount of Each Disbursement this Period

57.44
-------

Full Name (Last, First, Middle Initial)

**B. Ross Adrian Offinger**

Mailing Address 141 Lafayette Avenue  
Apartment G

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
Telephone Reimbursement - 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
08		18		2015

**Transaction ID : D574329**

Amount of Each Disbursement this Period

25.65
-------

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement  
Telephone Service

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
08		18		2015

**Transaction ID : D574334**

Amount of Each Disbursement this Period

25.65
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**[MEMO ITEM]**

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

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

83.09
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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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ross Adrian Offinger</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2015
Mailing Address 141 Lafayette Avenue Apartment G		<b>Transaction ID : D576913</b>
City Brooklyn	State NY	
Zip Code 11238	Purpose of Disbursement Telephone Reimbursement - See Below If Itemized	Amount of Each Disbursement this Period 27.15
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>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2015
Mailing Address PO Box 25505		<b>Transaction ID : D576914</b>
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Telephone Service	Amount of Each Disbursement this Period 27.15
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) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address PO Box 1270		<b>Transaction ID : D578887</b>
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit Card Payment, See Below If Itemized	Amount of Each Disbursement this Period 60.74
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	87.89
<b>TOTAL</b> This Period (last page this line number only).....▶	10864.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Baron Hill for Indiana**

Mailing Address PO Box 30675

City Indianapolis State IN Zip Code 46230-0675

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Baron P Hill**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : D576903

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends of John Plumb**

Mailing Address PO Box 2016

City Jamestown State NY Zip Code 14702-2016

Purpose of Disbursement  
Contribution

011

Candidate Name  
**John Plumb**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : D576904

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends of John Plumb**

Mailing Address PO Box 2016

City Jamestown State NY Zip Code 14702-2016

Purpose of Disbursement  
Contribution

011

Candidate Name  
**John Plumb**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : D579794

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)  
**Empire Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Strickland for Senate**

Mailing Address PO Box 2196

City Columbus State OH Zip Code 43216-2196

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ted Strickland**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2015

**Transaction ID : D574331**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Strickland for Senate**

Mailing Address PO Box 2196

City Columbus State OH Zip Code 43216-2196

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ted Strickland**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2015

**Transaction ID : D574332**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

10000.00

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

25000.00