

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 M M M / D D D / Y Y Y Y Y Y in the State of

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2014 through 03 / 31 / 2014

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 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="93757.37"/>	<input type="text" value="93757.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="47542.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="107250.83"/>	<input type="text" value="124252.15"/>
(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="154793.55"/>	<input type="text" value="218009.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58687.85"/>	<input type="text" value="121903.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="96105.70"/>	<input type="text" value="96105.70"/>
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: / / To: / /

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	1000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1000.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	106250.00	123250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	107250.00	124250.00
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.83	2.15
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))..... ▶	107250.83	124252.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	107250.83	124252.15

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	18687.85	66903.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18687.85	66903.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	55000.00
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	0.00
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)) ..	58687.85	121903.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58687.85	121903.82

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)	107250.00	124250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	107250.00	124250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18687.85	66903.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18687.85	66903.82

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 27
(check only one)	
<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	

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

NAME OF COMMITTEE (In Full)
IMPACT

A. Kate Moss
Full Name (Last, First, Middle Initial)

Mailing Address 1111 23rd Street Street NW
Apartment 2F

City Washington State DC Zip Code 20037

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

Name of Employer The Kate Moss Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 27 / 2014
Transaction ID : C9301358

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL 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 27
<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 Beer Wholesalers Association PAC

Mailing Address 1101 King Street
Suite 600

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 27 / 2014
Transaction ID : C9301360

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
B. Independent Community Bankers PAC

Mailing Address 1615 L Street, NW
Suite 900

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 28 / 2014
Transaction ID : C9305561

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. 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
03 / 21 / 2014
Transaction ID : C9296511

Amount of Each Receipt this Period
5000.00

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 8 OF 27
<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. Mednax, Inc. PAC

Mailing Address 1301 Concord Terrace

City Sunrise State FL Zip Code 33323

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : C9293881

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : C9301352

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Genentech Inc. Political Action Committee

Mailing Address 1 DNA Way

City South San Francisco State CA Zip Code 94080

FEC ID number of contributing federal political committee. **C** C00199257

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 / 2014

Transaction ID : C9301362

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 9 OF 27
<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 Medical Association PAC		Date of Receipt
Mailing Address 25 Massachusetts Avenue NW Suite 600		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00000422"/>	Transaction ID : C9293882
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. Facebook, Inc. PAC		Date of Receipt
Mailing Address 1155 F Street, NW Suite 475		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00502906"/>	Transaction ID : C9302373
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) C. American Federation of Teachers -COPE		Date of Receipt
Mailing Address 555 New Jersey Ave., NW		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00028860"/>	Transaction ID : C9301353
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

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

**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 27
<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 Multi Housing Council PAC		Date of Receipt
Mailing Address 1850 M Street, NW Suite 540		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00130773		Transaction ID : C9301363
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>		

Full Name (Last, First, Middle Initial) B. The Boeing Company PAC		Date of Receipt
Mailing Address 1200 Wilson Blvd.		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C C00142711		Transaction ID : C9293883
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) C. Credit Union Legislative Action Council		Date of Receipt
Mailing Address 601 Pennsylvania Ave., NW South Bldg., Suite 600		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00007880		Transaction ID : C9296504
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 27
<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. CVS Caremark Employees PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 I Street, NW Suite 525 West
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00384818
 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 / 21 / 2014
Transaction ID : C9296514
 Amount of Each Receipt this Period
 5000.00

B. Association for Advanced Life Underwriting PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 11921 Freedom Dr. Suite 1100
 City Reston State VA Zip Code 20190
 FEC ID number of contributing federal political committee. **C** C00447565
 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 / 28 / 2014
Transaction ID : C9301354
 Amount of Each Receipt this Period
 1000.00

C. National Community Pharmacists Association PAC
 Full Name (Last, First, Middle Initial)
 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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : C9301364
 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 12 OF 27
<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. Oracle America, Inc. PAC		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : C9301355
Mailing Address 1015 15th Street NW Suite 200		Amount of Each Receipt this Period 1250.00
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00323048	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. American Federation of State County & Municipal Employees		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : C9301365
Mailing Address 1625 L Street NW		Amount of Each Receipt this Period 5000.00
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00011114	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Honeywell International PAC		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : C9293885
Mailing Address 101 Constitution Avenue, NW Suite 500 West		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00096156	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	7250.00
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 27
<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. General Electric PAC		Date of Receipt
Mailing Address 1299 Pennsylvania Ave., NW Suite 900		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00024869"/>	Transaction ID : C9297365
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. General Electric PAC		Date of Receipt
Mailing Address 1299 Pennsylvania Ave., NW Suite 900		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00024869"/>	Transaction ID : C9305556
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	<input type="text" value="1500.00"/>

Full Name (Last, First, Middle Initial) C. Toyota Motor North America, Inc. PAC		Date of Receipt
Mailing Address 601 Thirteenth Street, NW Suite 910 S		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00542365"/>	Transaction ID : C9296516
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 27
<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. Ernst & Young PAC

Mailing Address 1101 New York Ave. NW

City Washington State DC Zip Code 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
 03 / 27 / 2014

Transaction ID : C9301356

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Deloitte Political Action Committee

Mailing Address PO Box 365

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C C00211318**

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 / 28 / 2014

Transaction ID : C9305557

Amount of Each Receipt this Period
5000.00

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

Mailing Address 1155 F Street NW, #1025

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00125641**

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 / 2014

Transaction ID : C9301357

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 15 OF 27
<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. International Union of Operating Engineers PAC

Mailing Address 1125 17th St. NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

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 / 06 / 2014

Transaction ID : C9289157

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. AT&T Inc. Federal PAC

Mailing Address 208 S. Akard St. Suite 2701

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

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 / 06 / 2014

Transaction ID : C9289158

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. American Academy of Dermatology Assoc. PAC (SKINPAC)

Mailing Address 1445 New York Avenue NW Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

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 / 14 / 2014

Transaction ID : C9293878

Amount of Each Receipt this Period
2500.00

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 16 OF 27
<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. Anheuser-Busch Companies Inc. PAC

Mailing Address One Busch Place 202-7

City State Zip Code
Saint Louis MO 63118

FEC ID number of contributing federal political committee. **C** C00034488

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 / 28 / 2014

Transaction ID : C9305559

Amount of Each Receipt this Period
5000.00

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

Mailing Address 1325 Massachusetts Ave., NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C9301359

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Arent Fox LLP PAC

Mailing Address 1717 K Street NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00241380

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 / 05 / 2014

Transaction ID : C9288229

Amount of Each Receipt this Period
1000.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 27
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
IMPACT

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

Mailing Address 9312 Old Georgetown Rd.

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

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 / 14 / 2014

Transaction ID : C9293879

Amount of Each Receipt this Period
5000.00

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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	106250.00

**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 Fee

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D534805

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Verdolino & Lowey, P.C.

Mailing Address 124 Washington St.
Suite 101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional Services-Accounting

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D534806

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Perkins Coie

Mailing Address 1201 Third Ave.
Suite 4800

City Seattle State WA Zip Code 98101

Purpose of Disbursement
Professional Services-Legal

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D534807

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. Verdolino & Lowey, P.C.		Date of Disbursement MM / DD / YYYY 03 / 01 / 2014
Mailing Address 124 Washington St. Suite 101		Transaction ID : D534798
City Foxboro State MA Zip Code 02035	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement Professional Services-Accounting	Category/Type 001	Not for Federal Candidate
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Flanagan Fulkerson & Company		Date of Disbursement MM / DD / YYYY 03 / 01 / 2014
Mailing Address 220 I Street NE Suite 250		Transaction ID : D534799
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Fundraising Consulting	Category/Type 003	Not for Federal Candidate
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nicholas Kutryb		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 455 W 37th Street Apt 510		Transaction ID : D534800
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period 558.63	
Purpose of Disbursement Health Insurance Reimbursement, See Below	Category/Type 001	Not for Federal Candidate
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	6308.63
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. Blue Cross Blue Shield

Mailing Address PO Box 659806

City San Antonio State TX Zip Code 78265

Purpose of Disbursement
Health Insurance

Category/
Type

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
0	3		0	3		2	0	1	4

Transaction ID : D534801

Amount of Each Disbursement this Period

5	5	8	6	3
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

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

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	4

Transaction ID : D534804

Amount of Each Disbursement this Period

1	6	5	9	1	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Kelley House

Mailing Address 23 Kelly Street

City Edgartown State MA Zip Code 02539

Purpose of Disbursement
Travel

Category/
Type

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
0	3		0	9		2	0	1	4

Transaction ID : D534860

Amount of Each Disbursement this Period

8	4	4	6	8
---	---	---	---	---

[MEMO ITEM]

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

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

1	6	5	9	1	2
---	---	---	---	---	---

1	6	5	9	1	2
---	---	---	---	---	---

**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 105 East 34th Street

City New York State NY Zip Code 10016

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 : D534853

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UPS Store

Mailing Address 105 East 34th Street

City New York State NY Zip Code 10016

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 : D534854

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. 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 : D534849

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. Samuel E. Bart

Mailing Address 1623 3rd Avenue #14AW

City New York State NY Zip Code 10128

Purpose of Disbursement
Travel Reimbursement, See Below if Itemized

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
03 / 18 / 2014

Transaction ID : D534810

Amount of Each Disbursement this Period

23.40

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)

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
03 / 14 / 2014

Transaction ID : D534825

Amount of Each Disbursement this Period

4077.77

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

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
03 / 14 / 2014

Transaction ID : D534842

Amount of Each Disbursement this Period

855.29

[MEMO ITEM]

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

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

4101.17

**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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D534834

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 Taxes/Withholdings

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D534828

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 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 : D534827

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 Taxes/Withholdings

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D534840

Amount of Each Disbursement this Period

[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
Payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D534841

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D534836

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 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. Sean Eldridge for Congress

Mailing Address PO Box 4113

City Kingston State NY Zip Code 12402

Purpose of Disbursement
Contribution

011

Candidate Name

Sean Eldridge

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D534811

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Dan Maffei

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
Contribution

011

Candidate Name

Daniel B. Maffei

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2014

Transaction ID : D534821

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Sean Eldridge for Congress

Mailing Address PO Box 4113

City Kingston State NY Zip Code 12402

Purpose of Disbursement
Contribution

011

Candidate Name

Sean Eldridge

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : D534812

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. Tim Bishop for Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
Contribution

011

Candidate Name

Timothy Bishop

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2014

Transaction ID : D534823

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Sean Patrick Maloney for Congress

Mailing Address 18 W Main Street

City Beacon State NY Zip Code 12508

Purpose of Disbursement
Contribution

011

Candidate Name

Sean Patrick Maloney

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : D534814

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Recchia for Congress

Mailing Address 172 Gravesend Neck Road

City Brooklyn State NY Zip Code 11223

Purpose of Disbursement
Contribution

011

Candidate Name

Domenic Recchia

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : D534815

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. Rangel for Congress

Mailing Address PO Box 5577

City New York State NY Zip Code 10027

Purpose of Disbursement
Contribution

011

Candidate Name

Charles B. Rangel

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : D534816

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Sean Patrick Maloney for Congress

Mailing Address 18 W Main Street

City Beacon State NY Zip Code 12508

Purpose of Disbursement
Contribution

011

Candidate Name

Sean Patrick Maloney

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : D534818

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

10000.00

40000.00