

# 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.**

Check if different than previously reported. (ACC) **Suite 1001**

**New York NY 10016**

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)
- 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  /  /  through  /  /

**04 01 2026 04 30 2026**

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 **Barrett, David, A.,**

Signature of Treasurer **Barrett, David, A.,** Date  /  /

**05 20 2026**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2026"/>	<input type="text" value="249280.32"/>	<input type="text" value="249280.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="185847.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="50140.85"/>	<input type="text" value="201140.85"/>
(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="235988.59"/>	<input type="text" value="450421.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="65067.35"/>	<input type="text" value="279499.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="170921.24"/>	<input type="text" value="170921.24"/>
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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	5000.00	21000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	21000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	45000.00	180000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	50000.00	201000.00
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).....	140.85	140.85
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
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)).....▶	50140.85	201140.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	50140.85	201140.85

**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 .....	55067.35	209499.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	55067.35	209499.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	70000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	65067.35	279499.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65067.35	279499.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	50000.00	201000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50000.00	201000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	55067.35	209499.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	140.85	140.85
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	54926.50	209359.08

**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 20  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input 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. Oneida Indian Nation**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2037 Dream Catcher Plz

City Oneida	State NY	Zip Code 13421-2729
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		06		2026

**Transaction ID : 44596085**

Amount of Each Receipt this Period  
5000.00

Memo Item

Funds Permissible Under the Act

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

**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 20
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. American Medical Association PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2026 <b>Transaction ID : 44442933</b>
Mailing Address 25 Massachusetts Ave NW Ste 600		Amount of Each Receipt this Period 2500.00
City Washington	State DC	Zip Code 20001-7400
FEC ID number of contributing federal political committee. C C00000422		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Charter Communications Inc. Political Action Committee</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2026 <b>Transaction ID : 44596086</b>
Mailing Address 400 Washington Blvd		Amount of Each Receipt this Period 5000.00
City Stamford	State CT	Zip Code 06902-6641
FEC ID number of contributing federal political committee. C C00426775		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Comcast Corporation &amp; NBC Universal PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2026 <b>Transaction ID : 44442932</b>
Mailing Address 1701 John F Kennedy Blvd Fl 49		Amount of Each Receipt this Period 5000.00
City Philadelphia	State PA	Zip Code 19103-2855
FEC ID number of contributing federal political committee. C C00248716		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<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 20  
(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**

**A. Int'l Association Of Bridge, Structural, Ornamental And Reinforcing Iron Workers (IPAL)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 New York Ave NW

City Washington	State DC	Zip Code 20006-5305
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FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2026

**Transaction ID : 44412312**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. International Brotherhood Of Electrical Workers Political Action Committee**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 7Th St NW  
Bsmt 1

City Washington	State DC	Zip Code 20001-4089
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FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2026

**Transaction ID : 44761558**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Investment Company Institute PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 H St NW  
Ste 1200

City Washington	State DC	Zip Code 20005-2110
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FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2026

**Transaction ID : 44596087**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<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: (check only one)	PAGE 9 OF 20
<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. L3Harris Technologies, Inc. PAC**

Mailing Address 1300 Wilson Blvd  
Ste 1000

City Arlington State VA Zip Code 22209-2321

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer (for Individual) Occupation (for Individual)

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  
04 / 01 / 2026

**Transaction ID : 44412313**

Amount of Each Receipt this Period  
2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. LSEG US HOLDCO Inc. PAC**

Mailing Address 28 Liberty St  
Fl 58

City New York State NY Zip Code 10005-1457

FEC ID number of contributing federal political committee. **C** C00640243

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 14 / 2026

**Transaction ID : 44761560**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. NEA Fund For Children & Public Education**

Mailing Address 1201 16Th St NW  
Ste 410

City Washington State DC Zip Code 20036-3201

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2026

**Transaction ID : 44442934**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<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: (check only one)	PAGE 10 OF 20
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**United Food And Commercial Workers International Union Active Ballot Club**

Mailing Address 1775 K St NW

City Washington	State DC	Zip Code 20006-1502
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FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		29		2026

**Transaction ID : 44930623**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	45000.00

**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"/> 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) <b>A. 192 Lexington Avenue, LLC</b>			Date of Disbursement MM / DD / YYYY 04 / 01 / 2026	
Mailing Address 8 W 40Th St FI 3			FEC Identification Number C [ ] <b>Transaction ID : 500655526</b>	
City New York	State NY	Zip Code 10018-3902	Amount of Each Disbursement this Period [ ] 2509.41	
Purpose of Disbursement Rent & Utilities		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name				
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. American Express</b>			Date of Disbursement MM / DD / YYYY 04 / 17 / 2026	
Mailing Address PO Box 1270			FEC Identification Number C [ ] <b>Transaction ID : 500655528</b>	
City Newark	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period [ ] 204.27	
Purpose of Disbursement Credit Card Payment (See Below if Itemized)		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name				
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. Time Warner Cable Of NYC</b>			Date of Disbursement MM / DD / YYYY 04 / 17 / 2026	
Mailing Address PO Box 9227			FEC Identification Number C [ ] <b>Transaction ID : 500655527</b>	
City Uniondale	State NY	Zip Code 11555-9227	Amount of Each Disbursement this Period [ ] 204.27	
Purpose of Disbursement Telephone/Cable		Category/ Type [ ]	Memo Item <input checked="" type="checkbox"/>	
Candidate Name				
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).....▶	[ ] 2713.68
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMPACT**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	6		

FEC Identification Number

C [REDACTED]

**Transaction ID : 500655530**

Amount of Each Disbursement this Period

[REDACTED] 75.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 1270

City  
Newark

State  
NJ

Zip Code  
07101-1270

Purpose of Disbursement

Bank Fee

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
0	4			1	7			2	0	2	6		

FEC Identification Number

C [REDACTED]

**Transaction ID : 500655529**

Amount of Each Disbursement this Period

[REDACTED] 75.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens Bank**

Mailing Address 720 S Main St

City  
Sharon

State  
MA

Zip Code  
02067-2841

Purpose of Disbursement

Bank Charge

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
0	4			1	6			2	0	2	6		

FEC Identification Number

C [REDACTED]

**Transaction ID : 500655531**

Amount of Each Disbursement this Period

[REDACTED] 95.77

Memo Item

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

[REDACTED] 170.77

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

[REDACTED]

# 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"/> 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) <b>A. Elias Law Group</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2026
Mailing Address 250 Massachusetts Ave NW Ste 400		FEC Identification Number C [ ] <b>Transaction ID : 500655532</b>
City Washington	State DC	Zip Code 20001-5825
Purpose of Disbursement Professional Services-Legal		Amount of Each Disbursement this Period [ ] 93.60
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Elias Law Group</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2026
Mailing Address 250 Massachusetts Ave NW Ste 400		FEC Identification Number C [ ] <b>Transaction ID : 500655533</b>
City Washington	State DC	Zip Code 20001-5825
Purpose of Disbursement Professional Services-Legal		Amount of Each Disbursement this Period [ ] 187.20
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Empire BlueCross</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2026
Mailing Address PO Box 11792		FEC Identification Number C [ ] <b>Transaction ID : 500655534</b>
City Newark	State NJ	Zip Code 07101-4792
Purpose of Disbursement Health Insurance		Amount of Each Disbursement this Period [ ] 2315.64
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2596.44
<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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
IMPACT

Form A: Express EMPS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Express EMPS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Fulkerson Kennedy & Company. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) and 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"/> 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. Fulkerson Kennedy & Company**

Mailing Address 220 I St NE  
Ste 250

City  
Washington

State  
DC

Zip Code  
20002-4693

Purpose of Disbursement  
Reception-Catering & Facilities

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2026

FEC Identification Number

C [ ]

**Transaction ID : 500655538**

Amount of Each Disbursement this Period

[ ] 3136.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. Guardian**

Mailing Address PO Box 824404

City  
Philadelphia

State  
PA

Zip Code  
19182-4404

Purpose of Disbursement  
Health Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2026

FEC Identification Number

C [ ]

**Transaction ID : 500655539**

Amount of Each Disbursement this Period

[ ] 85.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lynch, Michael, , ,**

Mailing Address 317 Tennessee Ave NE

City  
Washington

State  
DC

Zip Code  
20002-6445

Purpose of Disbursement  
Political Consultant-Communications

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2026

FEC Identification Number

C [ ]

**Transaction ID : 500655542**

Amount of Each Disbursement this Period

[ ] 3976.88

Memo Item

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

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

[ ] 7198.26

[ ]

**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"/> 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. New York State Insurance Fund**

Mailing Address PO Box 5262

City Binghamton State NY Zip Code 13902-5262

Purpose of Disbursement  
Worker's Compensation  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 16 / 2026

FEC Identification Number  
**C**  
Transaction ID : 500655543  
Amount of Each Disbursement this Period  
1059.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address 1565 Jefferson Rd Ste 210

City Rochester State NY Zip Code 14623-3178

Purpose of Disbursement  
Payroll Fee  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 10 / 2026

FEC Identification Number  
**C**  
Transaction ID : 500655544  
Amount of Each Disbursement this Period  
87.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex, Inc.**

Mailing Address 1565 Jefferson Rd Ste 210

City Rochester State NY Zip Code 14623-3178

Purpose of Disbursement  
Payroll Payment - (See Below if Itemized)  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 15 / 2026

FEC Identification Number  
**C**  
Transaction ID : 500655551  
Amount of Each Disbursement this Period  
14203.79

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... 15350.73

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IMPACT**

**A. Bart, Samuel, E., ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 04 / 15 / 2026

Mailing Address: 192 Lexington Ave, Rm 1001

City: New York, State: NY, Zip Code: 10016-6823

Purpose of Disbursement: Payroll

Candidate Name: [ ]

Office Sought: [ ] House, [ ] Senate, [ ] President

Disbursement For: [ ] Primary, [ ] General, [ ] Other (specify) ▼

State: [ ] District: [ ]

FEC Identification Number: C [ ]

Transaction ID : 500655549

Amount of Each Disbursement this Period: 3078.78

Memo Item \*

**B. Kutryb, Nicholas, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 04 / 15 / 2026

Mailing Address: 192 Lexington Ave, Rm 1001

City: New York, State: NY, Zip Code: 10016-6823

Purpose of Disbursement: Payroll

Candidate Name: [ ]

Office Sought: [ ] House, [ ] Senate, [ ] President

Disbursement For: [ ] Primary, [ ] General, [ ] Other (specify) ▼

State: [ ] District: [ ]

FEC Identification Number: C [ ]

Transaction ID : 500655547

Amount of Each Disbursement this Period: 4451.88

Memo Item \*

**C. Paychex, Inc.**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 04 / 15 / 2026

Mailing Address: 1565 Jefferson Rd, Ste 210

City: Rochester, State: NY, Zip Code: 14623-3178

Purpose of Disbursement: Payroll Taxes/Withholdings

Candidate Name: [ ]

Office Sought: [ ] House, [ ] Senate, [ ] President

Disbursement For: [ ] Primary, [ ] General, [ ] Other (specify) ▼

State: [ ] District: [ ]

FEC Identification Number: C [ ]

Transaction ID : 500655550

Amount of Each Disbursement this Period: 6673.13

Memo Item \*

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

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. Paychex, Inc.</b>			Date of Disbursement MM / DD / YYYY 04 / 30 / 2026	
Mailing Address 1565 Jefferson Rd Ste 210			FEC Identification Number C [ ] <b>Transaction ID : 500655555</b>	
City Rochester	State NY	Zip Code 14623-3178	Amount of Each Disbursement this Period [ ] 14203.79	
Purpose of Disbursement Payroll Payment - (See Below if Itemized)			Category/Type [ ]	
Candidate Name			Memo Item <input type="checkbox"/>	
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. Bart, Samuel, E., ,</b>			Date of Disbursement MM / DD / YYYY 04 / 30 / 2026	
Mailing Address 192 Lexington Ave Rm 1001			FEC Identification Number C [ ] <b>Transaction ID : 500655553</b>	
City New York	State NY	Zip Code 10016-6823	Amount of Each Disbursement this Period [ ] 3078.78	
Purpose of Disbursement Payroll			Category/Type [ ]	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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. Kutryb, Nicholas, , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 30 / 2026	
Mailing Address 192 Lexington Ave Rm 1001			FEC Identification Number C [ ] <b>Transaction ID : 500655552</b>	
City New York	State NY	Zip Code 10016-6823	Amount of Each Disbursement this Period [ ] 4451.89	
Purpose of Disbursement Payroll			Category/Type [ ]	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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).....▶	[ ] 14203.79
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**IMPACT**

**A. Paychex, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1565 Jefferson Rd  
Ste 210

City Rochester State NY Zip Code 14623-3178

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2026

FEC Identification Number: C  
Transaction ID : 500655554  
Amount of Each Disbursement this Period: 6673.12

Memo Item \*

**B. Secure Blue, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1201 Britania Ln

City Annapolis State MD Zip Code 21403-4354

Purpose of Disbursement  
Computer Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 01 / 2026

FEC Identification Number: C  
Transaction ID : 500655545  
Amount of Each Disbursement this Period: 509.85

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 124 Washington St  
Ste 101

City Foxboro State MA Zip Code 02035-1368

Purpose of Disbursement  
Professional Services-Accounting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 22 / 2026

FEC Identification Number: C  
Transaction ID : 500655546  
Amount of Each Disbursement this Period: 1733.98

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2243.83
<b>TOTAL</b> This Period (last page this line number only).....▶	55067.35

# 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"/> 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. Josh Turek For Iowa**

Mailing Address PO Box 1005

City  
Council Bluffs

State  
IA

Zip Code  
51502-1005

Purpose of Disbursement

Contribution

Candidate Name

Turek, Joshua, , ,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

FEC Identification Number

**C** C00915645

**Transaction ID : 500655540**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Josh Turek For Iowa**

Mailing Address PO Box 1005

City  
Council Bluffs

State  
IA

Zip Code  
51502-1005

Purpose of Disbursement

Contribution

Candidate Name

Turek, Joshua, , ,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

FEC Identification Number

**C** C00915645

**Transaction ID : 500655541**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

10000.00

10000.00