

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. 12 FE4M5

Empire Political Action Committee

ADDRESS (number and street) PO Box 15033
Washington DC 20003

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

C C00477067

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 [07] / [01] / [2014] through [09] / [30] / [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 Keith Lowey

Signature of Treasurer Keith Lowey [Electronically Filed] Date [10] / [15] / [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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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Empire Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="156778.31"/>	<input type="text" value="156778.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="183008.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8000.00"/>	<input type="text" value="130950.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="191008.12"/>	<input type="text" value="287728.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26618.63"/>	<input type="text" value="123338.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="164389.49"/>	<input type="text" value="164389.49"/>
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

Write or Type Committee Name

Empire Political Action Committee

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).....	0.00	28950.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	28950.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	8000.00	102000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8000.00	130950.00
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.).....	0.00	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))..... ▶	8000.00	130950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8000.00	130950.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6618.63	46838.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6618.63	46838.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	76500.00
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)) ..	26618.63	123338.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26618.63	123338.82

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)	8000.00	130950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8000.00	130950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6618.63	46838.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6618.63	46838.82

**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 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Empire Political Action Committee

A. Abbie Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 N. Waukegan Road
 City North Chicago State IL Zip Code 60064
 FEC ID number of contributing federal political committee. **C** C00536573
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : C7785441
 Amount of Each Receipt this Period
 3000.00

B. Dealers Election Action Committee of the National Automotive Dealers Association
 Full Name (Last, First, Middle Initial)
 Mailing Address 8400 Westpark Drive
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C** C00040998
 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
 08 / 30 / 2014
Transaction ID : C7734427
 Amount of Each Receipt this Period
 2500.00

C. MasterCard International, Inc. Employees' PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Purchase St
 City Purchase State NY Zip Code 10577-2405
 FEC ID number of contributing federal political committee. **C** C00410274
 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
 09 / 23 / 2014
Transaction ID : C7785442
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. BenefitMall

Mailing Address 16 Greenmeadow Drive
Suite 203

City Lutherville Timonium State MD Zip Code 21093

Purpose of Disbursement
Healthcare

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D541557

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BenefitMall

Mailing Address 16 Greenmeadow Drive
Suite 203

City Lutherville Timonium State MD Zip Code 21093

Purpose of Disbursement
Healthcare

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D553984

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Comcast

Mailing Address PO Box 30005

City Southeastern State PA Zip Code 19398

Purpose of Disbursement
Telecommunication Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D541569

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Comcast

Mailing Address PO Box 30005

City Southeastern State PA Zip Code 19398

Purpose of Disbursement
Telecommunication Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : D541556

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period
40.60

Full Name (Last, First, Middle Initial)

B. Dewey Square Group

Mailing Address 100 Cambridge Street
Suite 1301

City Boston State MA Zip Code 02114

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : D541552

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period
30.00

Full Name (Last, First, Middle Initial)

C. Dewey Square Group

Mailing Address 100 Cambridge Street
Suite 1301

City Boston State MA Zip Code 02114

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014

Transaction ID : D553994

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period
90.00

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

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

Amount of Each Disbursement this Period
160.60

Amount of Each Disbursement this Period

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Global Strategy Group, LLC

Mailing Address 895 Broadway
Floor 5

City New York State NY Zip Code 10003-1226

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D541559

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Global Strategy Group, LLC

Mailing Address 895 Broadway
Floor 5

City New York State NY Zip Code 10003-1226

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D541548

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Global Strategy Group, LLC

Mailing Address 895 Broadway
Floor 5

City New York State NY Zip Code 10003-1226

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D553986

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Massachusetts Avenue Properties, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	01	/	2014

Mailing Address 730 11th Street, NW
4th Floor

Transaction ID : D553985

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

198.10

Purpose of Disbursement
Rent

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Massachusetts Avenue Properties, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2014

Mailing Address 730 11th Street, NW
4th Floor

Transaction ID : D541549

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

198.10

Purpose of Disbursement
Rent

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Massachusetts Avenue Properties, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2014

Mailing Address 730 11th Street, NW
4th Floor

Transaction ID : D541560

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

198.10

Purpose of Disbursement
Rent

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

594.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)
A. NGP VAN, Inc.

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2014

Mailing Address: 1101 15th Street NW
Suite 500

City: Washington State: DC Zip Code: 20005-3914

Purpose of Disbursement: Software
Candidate Name: _____
Category/Type: 001

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID : **D541554**

Amount of Each Disbursement this Period: 300.00

Full Name (Last, First, Middle Initial)
B. Ross Adrian Offinger

Date of Disbursement: MM / DD / YYYY
07 / 01 / 2014

Mailing Address: 141 Lafayette Avenue
Apartment G

City: Brooklyn State: NY Zip Code: 11238

Purpose of Disbursement: Fundraising Consulting
Candidate Name: _____
Category/Type: 003

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID : **D541546**

Amount of Each Disbursement this Period: 500.00

Not for Federal Candidate

Full Name (Last, First, Middle Initial)
C. Ross Adrian Offinger

Date of Disbursement: MM / DD / YYYY
08 / 01 / 2014

Mailing Address: 141 Lafayette Avenue
Apartment G

City: Brooklyn State: NY Zip Code: 11238

Purpose of Disbursement: Fundraising Consulting
Candidate Name: _____
Category/Type: 003

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID : **D541558**

Amount of Each Disbursement this Period: 500.00

Not for Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial) A. Ross Adrian Offinger		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 141 Lafayette Avenue Apartment G		Transaction ID : D553995
City Brooklyn	State NY	
Zip Code 11238	Purpose of Disbursement Fundraising Consulting	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type 003	Not for Federal Candidate
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Perkins Coie, LLP		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 1201 Third Ave., 40th Floor		Transaction ID : D553990
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement Legal Consulting	Amount of Each Disbursement this Period 172.50
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. The Cleaners, Inc		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address 236 Massachusetts Ave NE		Transaction ID : D553988
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Office Cleaning Service	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	722.50
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Cleaners, Inc

Mailing Address 236 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Office Cleaning Service

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D541550

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. The Cleaners, Inc

Mailing Address 236 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Office Cleaning Service

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D541561

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. United Healthcare

Mailing Address Dept CH10151

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement
Healthcare

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D541562

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. United Healthcare

Mailing Address Dept CH10151

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement
Healthcare

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D541551

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. United Healthcare

Mailing Address Dept CH10151

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement
Healthcare

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D553989

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional Services - Accounting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D553993

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional Services - Accounting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : D541567

Amount of Each Disbursement this Period

800.15

Full Name (Last, First, Middle Initial)

B. Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional Services - Accounting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : D541553

Amount of Each Disbursement this Period

318.12

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement
Telephone Service

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2014

Transaction ID : D541555

Amount of Each Disbursement this Period

79.83

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

1198.10

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : D541545

Amount of Each Disbursement this Period

151.23

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2014

Transaction ID : D553991

Amount of Each Disbursement this Period

66.27

Full Name (Last, First, Middle Initial)

C. Eileen C. Lee

Mailing Address 3608 Abermarle Street

City Arlington State VA Zip Code 22207

Purpose of Disbursement
Catering, See Below if Itemized

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : D541544

Amount of Each Disbursement this Period

218.40

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

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

435.90

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Washington Golf & Country Club

Mailing Address 3017 N Glebe Road

City Arlington State VA Zip Code 22207

Purpose of Disbursement
Reception - Catering

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D541547

Amount of Each Disbursement this Period

2	1	8	.	4	0
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[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
Credit Card Payment, 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	1	4		

Transaction ID : D541565

Amount of Each Disbursement this Period

5	6	8	.	4	1
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. W Millar And Co Inc

Mailing Address 1335 14th St NW

City Washington State DC Zip Code 20005-3610

Purpose of Disbursement
Reception - Catering

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	1	4		

Transaction ID : D541566

Amount of Each Disbursement this Period

5	6	8	.	4	1
---	---	---	---	---	---

[MEMO ITEM]

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

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

5	6	8	.	4	1
---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Empire Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron Woolf for Congress

Mailing Address PO Box 248

City Elizabethtown State NY Zip Code 12932

Purpose of Disbursement
Contribution

011

Candidate Name
Aaron Woolf

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 21

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : D541564

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Global Democratic PAC

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 Contribution

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : D541563

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Schatz for Senate

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812

Purpose of Disbursement
Contribution

011

Candidate Name
Brian Schatz

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : D541568

Amount of Each Disbursement this Period

5000.00

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

20000.00

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

20000.00