



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

New York State Democratic 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="2012"/>	<input type="text" value="46570.24"/>	<input type="text" value="46570.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="81077.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="175081.43"/>	<input type="text" value="888878.34"/>
(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="256158.88"/>	<input type="text" value="935448.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="104643.81"/>	<input type="text" value="783933.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="151515.07"/>	<input type="text" value="151515.07"/>
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="24613.55"/>	

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

**New York State Democratic 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).....	100.00	57300.00
(ii) Unitemized .....	1730.00	8377.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1830.00	65677.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	20.00	15145.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1850.00	80822.00
12. Transfers From Affiliated/Other Party Committees.....	62940.00	292637.26
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).....	44155.50	59712.35
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6497.69	228067.56
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	59638.24	227639.17
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	59638.24	227639.17
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	175081.43	888878.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	115443.19	661239.17

**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 .....	19746.62	155187.10
(ii) Non-Federal Share.....	32652.69	282751.39
(b) Other Federal Operating Expenditures .....	8545.17	90121.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	60944.48	528059.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	112500.00
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 .....	43699.33	143373.65
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	43699.33	143373.65
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	104643.81	783933.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71991.12	501182.12

**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) .....	1850.00	80822.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1850.00	80822.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	28291.79	245308.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	44155.50	59712.35
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	-15863.71	185596.12

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Please be advised that the wages reported on Schedule H4 were for employees who spent 25% or less of their time during the reporting period in connection with federal elections or on Federal Election Activity and, as such, these wages can be paid as administrative expenses. Fringe benefits may continue to be reported on Schedule H4.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 130  
(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)  
**New York State Democratic Committee**

**A. Lewis H. Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2015 St. Paul Ave., Apt 5l  
 City State Zip Code  
 Bronx NY 10461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Starting Point Services for Children Educator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : C4134945**  
 Amount of Each Receipt this Period  
 100.00

**B. Gloria D Black Greene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 St. Johns Place  
 City State Zip Code  
 Brooklyn NY 11217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : C4134943**  
 Amount of Each Receipt this Period  
 120.00

**C. Karin Greenfield-Sanders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 West Shore Drive  
 City State Zip Code  
 Putnam Valley NY 10579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : C4134940**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00  
**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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

**A. Lori Knipel**  
Full Name (Last, First, Middle Initial)

Mailing Address 765 East 18th Street

City Brooklyn State NY Zip Code 11230

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

Name of Employer Information Requested Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 20 / 2012

**Transaction ID : C4134899**

Amount of Each Receipt this Period 20.00

**B. Zellnor Myrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Maple Street Apt E7

City Brooklyn State NY Zip Code 11225

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

Name of Employer Information Requested Occupation Graduate Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 20 / 2012

**Transaction ID : C4134927**

Amount of Each Receipt this Period 20.00

**C. Samuel Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 Genesee Park Drive

City Syracuse State NY Zip Code 13224

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

Name of Employer Information Requested Occupation Real Property Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt 06 / 20 / 2012

**Transaction ID : C4134941**

Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**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 9 OF 130  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Gustavo Santos**

Mailing Address 502 Townwood Drive

City Albany State NY Zip Code 12203

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

Name of Employer Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 06 / 22 / 2012  
**Transaction ID : C4136173**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Valerie L. West**

Mailing Address 22-11 Camp Rd.

City Far Rockaway State NY Zip Code 11691

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

Name of Employer Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 06 / 20 / 2012  
**Transaction ID : C4134982**

Amount of Each Receipt this Period  
 40.00

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 130  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

**A. Committee to Elect Cory Provost**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 100751  
 City Brooklyn State NY Zip Code 11210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : C4134914**  
 Amount of Each Receipt this Period  
 20.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

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

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20.00

**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 11 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Librada Aldana</b>		Date of Receipt MM / DD / YYYY 05 / 03 / 2012 <b>Transaction ID : C4161442</b>
Mailing Address 500 W 28th St. Apt 2R		Amount of Each Receipt this Period 95.00
City New York	State NY	Zip Code 10001-5513
FEC ID number of contributing federal political committee. C		[MEMO ITEM] * NY Party Victory Fund
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) <b>B. Librada Aldana</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 <b>Transaction ID : C4161445</b>
Mailing Address 500 W 28th St. Apt 2R		Amount of Each Receipt this Period 95.00
City New York	State NY	Zip Code 10001-5513
FEC ID number of contributing federal political committee. C		[MEMO ITEM] * NY Party Victory Fund
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) <b>C. Arthur Alowitz</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2012 <b>Transaction ID : C4161453</b>
Mailing Address 9 Coyote Ln		Amount of Each Receipt this Period 323.00
City Troy	State NY	Zip Code 12180-7805
FEC ID number of contributing federal political committee. C		[MEMO ITEM] * NY Party Victory Fund
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 12 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael Antreassian**

Mailing Address 13840 64th Ave

City Flushing State NY Zip Code 11367-1110

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012

**Transaction ID : C4161462**

Amount of Each Receipt this Period  
190.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. John Balint**

Mailing Address 7 La Grange Rd

City Delmar State NY Zip Code 12054-3712

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

Name of Employer Albany Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2012

**Transaction ID : C4160805**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\* Dollars for Democrats

Full Name (Last, First, Middle Initial)  
**C. John Balint**

Mailing Address 7 La Grange Rd

City Delmar State NY Zip Code 12054-3712

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

Name of Employer Albany Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : C4160806**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\* Dollars for Democrats

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 13 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. James Robert Barlow**

Mailing Address 5 Lone Oak Rd

City Ithaca	State NY	Zip Code 14850-9607
----------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

**Transaction ID : C4161482**

Amount of Each Receipt this Period  
190.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. Jola V Blake**

Mailing Address 12603 172nd St

City Jamaica	State NY	Zip Code 11434-3329
-----------------	-------------	------------------------

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

Name of Employer Far Koe K Away Nurs	Occupation Nursing
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
142.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

**Transaction ID : C4161487**

Amount of Each Receipt this Period  
142.50

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Adele G. Block**

Mailing Address 535 PARK AVE #8A

City NEW YORK	State NY	Zip Code 10065-8167
------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

**Transaction ID : C4161489**

Amount of Each Receipt this Period  
475.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 14 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Gina Boonshoft**  
Full Name (Last, First, Middle Initial)  
Mailing Address 321 W 104th St  
City New York State NY Zip Code 10025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Free Lance Photographer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **362.00**

Date of Receipt **04 / 16 / 2012**  
**Transaction ID : C4160809**  
Amount of Each Receipt this Period **112.00**  
**[MEMO ITEM]**  
\* Dollars for Democrats

**B. Barbara Ann Brock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 166 E 61st St  
City New York State NY Zip Code 10065-8509  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sold With Occupation Style  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **475.00**

Date of Receipt **04 / 20 / 2012**  
**Transaction ID : C4161494**  
Amount of Each Receipt this Period **475.00**  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. John Caffrey**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 771088  
City Woodside State NY Zip Code 11377-1088  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **190.00**

Date of Receipt **04 / 04 / 2012**  
**Transaction ID : C4161497**  
Amount of Each Receipt this Period **95.00**  
**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 15 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. ALBERT CAPELLINI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1780 HANOVER ST  
City YORKTOWN HTS State NY Zip Code 10598  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **215.00**

Date of Receipt **05 / 29 / 2012**  
**Transaction ID : C4160810**  
Amount of Each Receipt this Period **100.00**  
**[MEMO ITEM]**  
\* Dollars for Democrats

**B. ALBERT CAPELLINI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1780 HANOVER ST  
City YORKTOWN HTS State NY Zip Code 10598  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **215.00**

Date of Receipt **05 / 14 / 2012**  
**Transaction ID : C4160939**  
Amount of Each Receipt this Period **115.00**  
**[MEMO ITEM]**  
\* Dollars for Democrats

**C. Elizabeth Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 W Mosholu Pkwy S Apt 14A  
City Bronx State NY Zip Code 10468-1150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **323.00**

Date of Receipt **04 / 04 / 2012**  
**Transaction ID : C4161511**  
Amount of Each Receipt this Period **128.25**  
**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<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 16 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Elizabeth Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 W Mosholu Pkwy S Apt 14A

City Bronx	State NY	Zip Code 10468-1150
---------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : C4161513**

Amount of Each Receipt this Period  

194.75
--------

**[MEMO ITEM]**  
\* NY Party Victory Fund

**B. Charles D Clarke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60 Northfield Ct

City Staten Island	State NY	Zip Code 10303-1661
-----------------------	-------------	------------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **190.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2012

**Transaction ID : C4161517**

Amount of Each Receipt this Period  

190.00
--------

**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. JOHN DANIELS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 788

City PAWLING	State NY	Zip Code 12564
-----------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : C4160811**

Amount of Each Receipt this Period  

50.00
-------

**[MEMO ITEM]**  
\* Dollars for Democrats

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 18 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
92940.00

Date of Receipt  
06 / 28 / 2012  
**Transaction ID : C4155025**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Democratic National Committee**

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263649.99

Date of Receipt  
06 / 06 / 2012  
**Transaction ID : C4109528**

Amount of Each Receipt this Period  
10000.00

Full Name (Last, First, Middle Initial)  
**C. Democratic National Committee**

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263649.99

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : C4155293**

Amount of Each Receipt this Period  
3220.00

In-Kind: On-Line Voter File Access

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	18220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA12

Transaction ID : C4109528

The \$10,000.00 transfer on Schedule A, Line 12 from the Democratic National Committee reflects a party transfer.

Form/Schedule:

Transaction ID:

**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 20 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Democratic National Committee**

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263649.99

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : C4161821**

Amount of Each Receipt this Period  
54760.38

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. Ramon D. Desposito**

Mailing Address 3410 28th Avenue, Apt. 3B

City Astoria State NY Zip Code 11103

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

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  
06 / 20 / 2012  
**Transaction ID : C4161519**

Amount of Each Receipt this Period  
190.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Dollars For Democrats**

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00073791

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
71269.46

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : C4160855**

Amount of Each Receipt this Period  
39330.00

**[MEMO ITEM]**  
\* Dollars for Democrats Unitemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 21 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Douglas Dunham**

Mailing Address 342 East 53rd St., Apt. 5A

City New York State NY Zip Code 10022

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

Name of Employer Skadden Arps, Et. Al Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2012**

**Transaction ID : C4160813**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 \* Dollars for Democrats

Full Name (Last, First, Middle Initial)  
**B. Marilyn Dyer**

Mailing Address 47 Deerhaven Lane

City Rensselaer State NY Zip Code 12144

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

Name of Employer New York State Senate Occupation Exec. Sec.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **95.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2012**

**Transaction ID : C4161529**

Amount of Each Receipt this Period  
**95.00**

**[MEMO ITEM]**  
 \* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Basilee Estell**

Mailing Address 144 Lovering Ave

City Buffalo State NY Zip Code 14216

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

Name of Employer Information Requested Occupation Sr Prospect Mgr IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **175.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : C4160816**

Amount of Each Receipt this Period  
**75.00**

**[MEMO ITEM]**  
 \* Dollars for Democrats

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 22 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Basilee Estell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 144 Lovering Ave

City Buffalo	State NY	Zip Code 14216
-----------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Sr Prospect Mgr IT
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2012

**Transaction ID : C4160817**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\* Dollars for Democrats

**B. Basilee Estell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 144 Lovering Ave

City Buffalo	State NY	Zip Code 14216
-----------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Sr Prospect Mgr IT
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

**Transaction ID : C4160818**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\* Dollars for Democrats

**C. Duncan Fraser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 Weyford Terrace

City Garden City	State NY	Zip Code 11530
---------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Lawyer
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2012

**Transaction ID : C4160819**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
\* Dollars For Democrats

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 23 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Duncan Fraser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 Weyford Terrace  
City Garden City State NY Zip Code 11530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Lawyer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **200.00**

Date of Receipt **06 / 28 / 2012**  
**Transaction ID : C4160820**  
Amount of Each Receipt this Period **100.00**  
**[MEMO ITEM]**  
\* Dollars For Democrats

**B. Gerald Frazier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31 Oconnor Ave  
City Staten Island State NY Zip Code 10314-2165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N.Y.C.T. Occupation Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **237.50**

Date of Receipt **04 / 04 / 2012**  
**Transaction ID : C4161557**  
Amount of Each Receipt this Period **237.50**  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. MICHAEL Friedman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12 Old Mamaroneck Rd., Apt. 5D  
City WHITE PLAINS State NY Zip Code 10605-2037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation SOCIAL WORK  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **150.00**

Date of Receipt **06 / 11 / 2012**  
**Transaction ID : C4160822**  
Amount of Each Receipt this Period **30.00**  
**[MEMO ITEM]**  
\* Dollars for Democrats

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**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 24 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. MICHAEL Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Old Mamaroneck Rd.,  
Apt. 5D

City State Zip Code  
WHITE PLAINS NY 10605-2037

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

Name of Employer Occupation  
SELF EMPLOYED SOCIAL WORK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2012

**Transaction ID : C4160823**

Amount of Each Receipt this Period  
60.00

**[MEMO ITEM]**  
\* Dollars for Democrats

**B. MICHAEL Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Old Mamaroneck Rd.,  
Apt. 5D

City State Zip Code  
WHITE PLAINS NY 10605-2037

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

Name of Employer Occupation  
SELF EMPLOYED SOCIAL WORK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2012

**Transaction ID : C4160952**

Amount of Each Receipt this Period  
60.00

**[MEMO ITEM]**  
\* Dollars for Democrats

**C. Sandra L Glantz**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Southern Woods

City State Zip Code  
Pittsford NY 14534-3604

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2012

**Transaction ID : C4161558**

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 25 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Mildred L. Glimcher**  
Full Name (Last, First, Middle Initial)

Mailing Address 435 E 52nd Street, Apt. 24C

City New York	State NY	Zip Code 10022-6445
------------------	-------------	------------------------

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

Name of Employer The Pace Gallery	Occupation Art Historian
--------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2012

**Transaction ID : C4160824**

Amount of Each Receipt this Period  

250.00
--------

**[MEMO ITEM]**  
\* Dollars For Democrats

**B. Mildred L. Glimcher**  
Full Name (Last, First, Middle Initial)

Mailing Address 435 E 52nd Street, Apt. 24C

City New York	State NY	Zip Code 10022-6445
------------------	-------------	------------------------

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

Name of Employer The Pace Gallery	Occupation Art Historian
--------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2012

**Transaction ID : C4160827**

Amount of Each Receipt this Period  

100.00
--------

**[MEMO ITEM]**  
\* Dollars For Democrats

**C. Emil C Gotschlich**  
Full Name (Last, First, Middle Initial)

Mailing Address 1435 Lexington Ave Apt 6B

City New York	State NY	Zip Code 10128
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **190.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2012

**Transaction ID : C4161560**

Amount of Each Receipt this Period  

190.00
--------

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 26 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Elaine Graham</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2012
Mailing Address 45 West 10th Street Apt 5E		<b>Transaction ID : C4161561</b>
City New York	State NY	Zip Code 10011-8763
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 237.50
Name of Employer N/A	Occupation Retired	<b>[MEMO ITEM]</b> * NY Party Victory Fund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	

Full Name (Last, First, Middle Initial) <b>B. Kathyleen S Guarnier</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2012
Mailing Address 1365 Van Antwerp Rd #C28		<b>Transaction ID : C4161563</b>
City Schenectady	State NY	Zip Code 12309-4441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.00
Name of Employer N/A	Occupation Retired	<b>[MEMO ITEM]</b> * NY Party Victory Fund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Kathyleen S Guarnier</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2012
Mailing Address 1365 Van Antwerp Rd #C28		<b>Transaction ID : C4161564</b>
City Schenectady	State NY	Zip Code 12309-4441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.00
Name of Employer N/A	Occupation Retired	<b>[MEMO ITEM]</b> * NY Party Victory Fund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 27 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Kathyleen S Guarnier**

Mailing Address 1365 Van Antwerp Rd #C28

City Schenectady	State NY	Zip Code 12309-4441
---------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : C4161566**

Amount of Each Receipt this Period  

95.00
-------

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. Melinda Hardin**

Mailing Address 18 Main Street

City Cooperstown	State NY	Zip Code 13326-4237
---------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1662.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2012

**Transaction ID : C4161570**

Amount of Each Receipt this Period  

237.50
--------

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**c. Melinda Hardin**

Mailing Address 18 Main Street

City Cooperstown	State NY	Zip Code 13326-4237
---------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1662.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2012

**Transaction ID : C4161571**

Amount of Each Receipt this Period  

950.00
--------

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 28 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Meta S Haven**

Mailing Address 1655 Flatbush Ave Apt B1504

City Brooklyn	State NY	Zip Code 11210
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

**Transaction ID : C4161576**

Amount of Each Receipt this Period  
190.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

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

Mailing Address 24 W 55th St

City New York	State NY	Zip Code 10019-5320
------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
142.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2012

**Transaction ID : C4161584**

Amount of Each Receipt this Period  
47.50

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Andrew Heineman**

Mailing Address 24 W 55th St

City New York	State NY	Zip Code 10019-5320
------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
142.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2012

**Transaction ID : C4161586**

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 29 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Jean Held**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 723  
City Sag Harbor State NY Zip Code 11963  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 95.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 06 / 2012  
**Transaction ID : C4161606**  
Amount of Each Receipt this Period  
95.00  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**B. Lisina Hoch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39 Matthiessen Park N  
City Irvington State NY Zip Code 10533-1512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 09 / 2012  
**Transaction ID : C4160829**  
Amount of Each Receipt this Period  
500.00  
**[MEMO ITEM]**  
\* Dollars for Democrats

**C. Douglas Holloway**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 391  
City Scarsdale State NY Zip Code 10583-0391  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NBC Universal Occupation Television Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 95.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 16 / 2012  
**Transaction ID : C4161608**  
Amount of Each Receipt this Period  
95.00  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**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 30 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Lennox M Johnston</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2012 <b>Transaction ID : C4161613</b>
Mailing Address 3207 Throop Ave		Amount of Each Receipt this Period 142.50
City Bronx	State NY	Zip Code 10469-5012
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	<b>[MEMO ITEM]</b> * NY Party Victory Fund

Full Name (Last, First, Middle Initial) <b>B. Lennox M Johnston</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 03 / 2012 <b>Transaction ID : C4161616</b>
Mailing Address 3207 Throop Ave		Amount of Each Receipt this Period 95.00
City Bronx	State NY	Zip Code 10469-5012
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	<b>[MEMO ITEM]</b> * NY Party Victory Fund

Full Name (Last, First, Middle Initial) <b>C. Constantine Keremet</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2012 <b>Transaction ID : C4161619</b>
Mailing Address 39-44 47th Ave.		Amount of Each Receipt this Period 1900.00
City Sunnyside	State NY	Zip Code 11104-3575
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	<b>[MEMO ITEM]</b> * NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 31 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Luce A. Klein</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2012
Mailing Address 25 E 83rd St Apt 3E		<b>Transaction ID : C4161621</b>
City New York	State NY	Zip Code 10028-0451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 190.00
Name of Employer Self Employed	Occupation Writer	<b>[MEMO ITEM]</b> * NY Party Victory Fund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) <b>B. ELYSABETH KLEINHANS</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2012
Mailing Address 240 CENTRAL PARK APT 13A		<b>Transaction ID : C4160832</b>
City NEW YORK	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation MANAGER	<b>[MEMO ITEM]</b> * Dollars For Democrats
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Leslie A Kory</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2012
Mailing Address 330 E 33rd St Apt 17J		<b>Transaction ID : C4161622</b>
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 237.50
Name of Employer Pagny	Occupation Physician	<b>[MEMO ITEM]</b> * NY Party Victory Fund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 32 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. JUNE LEAMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 E 69TH ST # 8C

City NEW YORK	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2012

**Transaction ID : C4160833**

Amount of Each Receipt this Period  
75.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**B. JUNE LEAMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 E 69TH ST # 8C

City NEW YORK	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

**Transaction ID : C4160834**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
\* Dollars For Democrats

**C. Richard Leonard**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 526

City Indian Lake	State NY	Zip Code 12842
---------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : C4160835**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\* Dollars For Democrats

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 33 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Henry M. Levin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 E 59th St  
Apt 1401

City New York State NY Zip Code 10022-2054

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

Name of Employer Columbia University Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 95.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2012

**Transaction ID : C4161640**

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

**B. Byron E. Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 143 Reade Street PHC

City New York State NY Zip Code 10013

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

Name of Employer Uniworld Group Inc Occupation Advertising

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2012

**Transaction ID : C4161646**

Amount of Each Receipt this Period  
237.50

**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. JOANNE LYMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 163 E 81ST ST.  
APT. 9B

City NEW YORK State NY Zip Code 10028

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

Name of Employer SELF EMPLOYED Occupation DESIGNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2012

**Transaction ID : C4161651**

Amount of Each Receipt this Period  
380.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

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

**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 34 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Jacklyn Lyte**

Mailing Address 4 Teasdale Ct

City State Zip Code  
Watervliet NY 12189-1142

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

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2012

Transaction ID : **C4161653**

Amount of Each Receipt this Period  
190.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. Ema Maben**

Mailing Address 93-44 214th Place

City State Zip Code  
Queens Village NY 11428

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

Name of Employer Occupation  
Ship Assistance Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2012

Transaction ID : **C4161655**

Amount of Each Receipt this Period  
190.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Yolanda H MacHado**

Mailing Address 440 Watkins St Apt 5F

City State Zip Code  
Brooklyn NY 11212-5917

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2012

Transaction ID : **C4161657**

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 35 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Yolanda H MacHado**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 Watkins St Apt 5F

City State Zip Code  
Brooklyn NY 11212-5917

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2012

**Transaction ID : C4161658**

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

**B. Leonard Majzlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 333 E 91st At Apt 26C

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Leonard Majzlin Media Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2012

**Transaction ID : C4161673**

Amount of Each Receipt this Period  
190.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. Jose M Mesa**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 W 89th St Apt 1S

City State Zip Code  
New York NY 10024-1933

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

Name of Employer Occupation  
Maxwell Kates Inc Resident Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
142.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2012

**Transaction ID : C4161677**

Amount of Each Receipt this Period  
71.25

**[MEMO ITEM]**  
\* NY Party Victory Fund

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

**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 36 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Jose M Mesa**

Mailing Address 100 W 89th St Apt 1S

City New York State NY Zip Code 10024-1933

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

Name of Employer Maxwell Kates Inc Occupation Resident Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **142.50**

Date of Receipt **06 / 04 / 2012**

**Transaction ID : C4161679**

Amount of Each Receipt this Period **71.25**

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. Sandra R. Meyer**

Mailing Address 767 Fifth Avenue 18th Floor

City New York State NY Zip Code 10153

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

Name of Employer Self Employed Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1900.00**

Date of Receipt **04 / 26 / 2012**

**Transaction ID : C4161682**

Amount of Each Receipt this Period **1900.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Vivian Moomaw**

Mailing Address 5930B Vinecroft Dr

City Clarence Center State NY Zip Code 14032-9154

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **04 / 04 / 2012**

**Transaction ID : C4161684**

Amount of Each Receipt this Period **475.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 37 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Anthony Morss**

Mailing Address 473 West End Ave 10B

City New York State NY Zip Code 10024

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

Name of Employer Self Employed Occupation Musician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **190.00**

Date of Receipt **04 / 18 / 2012**

**Transaction ID : C4161686**

Amount of Each Receipt this Period **190.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. Tom Mowdy**

Mailing Address 140 Hollywood Dr

City Oakdale State NY Zip Code 11769-2434

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **190.00**

Date of Receipt **04 / 25 / 2012**

**Transaction ID : C4161688**

Amount of Each Receipt this Period **95.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Tom Mowdy**

Mailing Address 140 Hollywood Dr

City Oakdale State NY Zip Code 11769-2434

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **190.00**

Date of Receipt **06 / 04 / 2012**

**Transaction ID : C4161689**

Amount of Each Receipt this Period **95.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 38 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. RAYMOND J NEWLAND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 575 S 15TH ST

City LINDENHURST	State NY	Zip Code 11757
---------------------	-------------	-------------------

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

Name of Employer LOCAL 138	Occupation CONSTRUCTION
-------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : C4160838**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\* Dollars for Democrats

**B. RAYMOND J NEWLAND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 575 S 15TH ST

City LINDENHURST	State NY	Zip Code 11757
---------------------	-------------	-------------------

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

Name of Employer LOCAL 138	Occupation CONSTRUCTION
-------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2012

**Transaction ID : C4160839**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\* Dollars for Democrats

**C. RAYMOND J NEWLAND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 575 S 15TH ST

City LINDENHURST	State NY	Zip Code 11757
---------------------	-------------	-------------------

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

Name of Employer LOCAL 138	Occupation CONSTRUCTION
-------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

**Transaction ID : C4160840**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\* Dollars for Democrats

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 39 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. RAYMOND J NEWLAND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 575 S 15TH ST  
City LINDENHURST State NY Zip Code 11757  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 138 Occupation CONSTRUCTION  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **200.00**

Date of Receipt **04 / 02 / 2012**  
**Transaction ID : C4160931**  
Amount of Each Receipt this Period **50.00**  
**[MEMO ITEM]**  
\* Dollars for Democrats

**B. Sara L. O'Dea**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 E 65th St  
City New York State NY Zip Code 10065-7007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **285.00**

Date of Receipt **05 / 16 / 2012**  
**Transaction ID : C4161690**  
Amount of Each Receipt this Period **285.00**  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. Richard L. O'Hara**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 Bryant Avenue  
City Roslyn State NY Zip Code 11576  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Colleran O'Hara Mil Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **323.00**

Date of Receipt **06 / 06 / 2012**  
**Transaction ID : C4161697**  
Amount of Each Receipt this Period **323.00**  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**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 40 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Milton Okin**

Mailing Address 306 Brevoort Ln

City Rye	State NY	Zip Code 10580-1000
-------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : C4161699**

Amount of Each Receipt this Period  
950.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. Eleanor Orberg**

Mailing Address 253 W 73rd St Apt 4E

City New York	State NY	Zip Code 10023-2752
------------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

**Transaction ID : C4161701**

Amount of Each Receipt this Period  
950.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Frederick H Osborn III**

Mailing Address PO Box 347

City Garrison	State NY	Zip Code 10524
------------------	-------------	-------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : C4161703**

Amount of Each Receipt this Period  
237.50

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 41 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Robert Owens**

Mailing Address 149 Seminole Way

City Rochester State NY Zip Code 14618-1346

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

Name of Employer State Univ of NY Occupation College Prof

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : C4161705**

Amount of Each Receipt this Period  
190.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. Charlotte T Pesklak**

Mailing Address 2 N Park Pl

City Herkimer State NY Zip Code 13350

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
95.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : C4161709**

Amount of Each Receipt this Period  
95.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Coles Phinizy Jr.**

Mailing Address One Gracie Terrace, Apt. 3H

City New York State NY Zip Code 10028

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

Name of Employer US EPA Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2012

**Transaction ID : C4161712**

Amount of Each Receipt this Period  
285.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 42 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Katharine C Pierce**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4601 Lower River Rd  
City Lewiston State NY Zip Code 14092-1063  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Training  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **237.50**

Date of Receipt **05 / 08 / 2012**  
**Transaction ID : C4161721**  
Amount of Each Receipt this Period **237.50**  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**B. Yvonne R Porter**  
Full Name (Last, First, Middle Initial)  
Mailing Address Carriage House Ln  
City Saratoga Springs State NY Zip Code 12866-0000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **285.00**

Date of Receipt **04 / 12 / 2012**  
**Transaction ID : C4161728**  
Amount of Each Receipt this Period **285.00**  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. JULIA QUAGLIATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2783  
City Setauket State NY Zip Code 11733  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **345.00**

Date of Receipt **06 / 11 / 2012**  
**Transaction ID : C4160841**  
Amount of Each Receipt this Period **250.00**  
**[MEMO ITEM]**  
\* Dollars for Democrats

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**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 43 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. JULIA QUAGLIATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2783

City Setauket	State NY	Zip Code 11733
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>345.00</b>	

Date of Receipt  
**06 / 06 / 2012**  
Transaction ID : **C4161730**

Amount of Each Receipt this Period  
**95.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

**B. Elizabeth Regan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1878 Ellis Hollow Rd

City Ithaca	State NY	Zip Code 14850-9631
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Cornell University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>190.00</b>	

Date of Receipt  
**04 / 10 / 2012**  
Transaction ID : **C4161739**

Amount of Each Receipt this Period  
**190.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. Ira M. Resnick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 West 67th St., Apt. 37A

City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MPA Gallery	Occupation Art Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Date of Receipt  
**05 / 07 / 2012**  
Transaction ID : **C4160842**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
\* Dollars for Democrats

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 44 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Salvatore Romano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 83 Wooster St  
City New York State NY Zip Code 10012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 190.00

Date of Receipt 04 / 03 / 2012  
**Transaction ID : C4161745**  
Amount of Each Receipt this Period 95.00  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**B. Catherine Rose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 6th Ave  
City Nyack State NY Zip Code 10960-1624  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Artist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 950.00

Date of Receipt 06 / 01 / 2012  
**Transaction ID : C4161748**  
Amount of Each Receipt this Period 950.00  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. Alexandra Rosen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Taylor Rd  
City Mount Kisco State NY Zip Code 10549  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 09 / 2012  
**Transaction ID : C4160843**  
Amount of Each Receipt this Period 250.00  
**[MEMO ITEM]**  
\* Dollars for Democrats

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**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 45 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Anne Sager**

Mailing Address 35 E 75th St

City New York State NY Zip Code 10021-2762

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

Name of Employer Self Occupation Artist/Photographer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1140.00**

Date of Receipt **04 / 04 / 2012**

**Transaction ID : C4161753**

Amount of Each Receipt this Period **1140.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. T. J. Samuel**

Mailing Address 8629 127th St

City Richmond Hill State NY Zip Code 11418-2630

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **190.00**

Date of Receipt **04 / 25 / 2012**

**Transaction ID : C4161761**

Amount of Each Receipt this Period **190.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Beverly Schlesinger**

Mailing Address 400 Central Park W Apt 5D

City New York State NY Zip Code 10025-5829

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **95.00**

Date of Receipt **06 / 20 / 2012**

**Transaction ID : C4161765**

Amount of Each Receipt this Period **95.00**

**[MEMO ITEM]**  
\* NY Party Victory Fund

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**

**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 46 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Thelma Schoonmaker**

Mailing Address 260 W 52nd St  
Apt 26b

City New York State NY Zip Code 10019-5836

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

Name of Employer Self Employed Occupation Film Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
05 / 31 / 2012  
Transaction ID : **C4161769**

Amount of Each Receipt this Period  
380.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**B. SIDNEY Seifer**

Mailing Address 175 W 76th St  
Apt 16f

City NEW YORK State NY Zip Code 10023-8328

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 26 / 2012  
Transaction ID : **C4160844**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\* Dollars for Democrats

Full Name (Last, First, Middle Initial)  
**c. Joan M. Shapiro**

Mailing Address 239 Central Park West

City New York State NY Zip Code 10024

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

Name of Employer Self Employed Occupation Educ Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt  
05 / 10 / 2012  
Transaction ID : **C4161773**

Amount of Each Receipt this Period  
237.50

**[MEMO ITEM]**  
\* NY Party Victory Fund

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

**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 47 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Philip Shepherd**

Mailing Address 1 Cindy Ln

City Wappingers Falls State NY Zip Code 12590-1703

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 16 / 2012**

**Transaction ID : C4160850**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 \* Dollars for Democrats

Full Name (Last, First, Middle Initial)  
**B. Gregory Siskind**

Mailing Address 170 E 77th St Apt 9E

City New York State NY Zip Code 10075-1919

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 04 / 2012**

**Transaction ID : C4161783**

Amount of Each Receipt this Period  
**142.50**

**[MEMO ITEM]**  
 \* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Gregory Siskind**

Mailing Address 170 E 77th St Apt 9E

City New York State NY Zip Code 10075-1919

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 06 / 2012**

**Transaction ID : C4161786**

Amount of Each Receipt this Period  
**142.50**

**[MEMO ITEM]**  
 \* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<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 48 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Jayne Spence**

Mailing Address 244 Lake Shore Dr S

City Maryland State NY Zip Code 12116

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

Name of Employer Information Requested Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2012

Transaction ID : **C4160851**

Amount of Each Receipt this Period 250.00

**[MEMO ITEM]**  
\* Dollars for Democrats

Full Name (Last, First, Middle Initial)  
**B. Louisa C Spencer**

Mailing Address 133 E 64th St

City New York State NY Zip Code 10065-7045

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt 06 / 20 / 2012

Transaction ID : **C4161793**

Amount of Each Receipt this Period 237.50

**[MEMO ITEM]**  
\* NY Party Victory Fund

Full Name (Last, First, Middle Initial)  
**C. Frieda Spivack**

Mailing Address 1 Terrace Dr

City Great Neck State NY Zip Code 11021-3915

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 04 / 10 / 2012

Transaction ID : **C4161796**

Amount of Each Receipt this Period 285.00

**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 49 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Irene W. Stein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 Brandywine Dr  
City Ithaca State NY Zip Code 14850-1707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Administrator/Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 190.00

Date of Receipt 04 / 18 / 2012  
**Transaction ID : C4161799**  
Amount of Each Receipt this Period 190.00  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**B. Michele Stephenson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 457 W 57th St  
City New York State NY Zip Code 10019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 199.50

Date of Receipt 06 / 20 / 2012  
**Transaction ID : C4161802**  
Amount of Each Receipt this Period 199.50  
**[MEMO ITEM]**  
\* NY Party Victory Fund

**C. Lynn Straus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1037 Constable Drive South  
City Mamaroneck State NY Zip Code 10543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 9750.00

Date of Receipt 04 / 04 / 2012  
**Transaction ID : C4161804**  
Amount of Each Receipt this Period 4750.00  
**[MEMO ITEM]**  
\* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 50 OF 130
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**New York State Democratic Committee**

**A. Charles Robert Tully**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Tallwoods Rd  
 City Armonk State NY Zip Code 10504-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2012  
**Transaction ID : C4160853**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 \* Dollars for Democrats

**B. Sherry C Walton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 483  
 City Wellsville State NY Zip Code 14895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not Employed Occupation Volunteer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : C4161808**  
 Amount of Each Receipt this Period  
 475.00  
**[MEMO ITEM]**  
 \* NY Party Victory Fund

**C. John D Wayman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 Danby Rd  
 City Ithaca State NY Zip Code 14850-5719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : C4161813**  
 Amount of Each Receipt this Period  
 380.00  
**[MEMO ITEM]**  
 \* NY Party Victory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 51 OF 130  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

**A.** Full Name (Last, First, Middle Initial)  
**LISA WOODS**

Mailing Address **970 PARK AVE., APT. 5N**

City **NEW YORK** State **NY** Zip Code **10028**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**04 / 02 / 2012**

**Transaction ID : C4160854**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**  
 \* Dollars for Democrats

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>62940.00</b>

**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 52 OF 130
<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)  
**New York State Democratic Committee**

**A. Alice Acevedo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2074 Mayflower Ave  
City Bronx State NY Zip Code 10461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2012  
**Transaction ID : C4117639**  
Amount of Each Receipt this Period  
250.00  
Conv. Flight Payment

**B. Anne Marie Anzalone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 84-56 Grand Avenue  
City Elmhurst State NY Zip Code 11373  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2012  
**Transaction ID : C4110555**  
Amount of Each Receipt this Period  
250.00  
Conv. Flight Payment

**C. Fabiola H. Arellano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1978 Hobart Avenue, 1st Floor  
City Bronx State NY Zip Code 10461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2012  
**Transaction ID : C4110568**  
Amount of Each Receipt this Period  
250.00  
Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 53 OF 130
<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)  
**New York State Democratic Committee**

**A. Michael R. Benedetto**  
Full Name (Last, First, Middle Initial)

Mailing Address 3321 Bruckner Blvd, 3M

City State Zip Code  
Bronx NY 10461

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 12 / 2012**

**Transaction ID : C4116434**

Amount of Each Receipt this Period  
**250.00**

Conv. Flight Payment

**B. Michael R. Benedetto**  
Full Name (Last, First, Middle Initial)

Mailing Address 3321 Bruckner Blvd, 3M

City State Zip Code  
Bronx NY 10461

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : C4117646**

Amount of Each Receipt this Period  
**250.00**

Conv. Flight Payment

**C. Brian Benjamin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 W 137th St, Apt 1A

City State Zip Code  
New York NY 10037

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

Name of Employer Occupation  
Benjamin Capital Solutions Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 12 / 2012**

**Transaction ID : C4110603**

Amount of Each Receipt this Period  
**250.00**

Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **750.00**

**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 54 OF 130  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

**A. BISHOP PAC BUILDING INFRASTRUCTURE HARNESSING OUR PRIORITIES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1087  
 City SOUTHAMPTON State NY Zip Code 11969  
 FEC ID number of contributing federal political committee. **C** C00505636  
 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  
 06 / 21 / 2012  
**Transaction ID : C4136148**  
 Amount of Each Receipt this Period  
 2500.00  
 Payroll Expenses

**B. Elmer H. Blackburne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179-64 Anderson Rd  
 City Jamaica State NY Zip Code 11434-3404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2012  
**Transaction ID : C4117003**  
 Amount of Each Receipt this Period  
 250.00  
 Conv. Flight Payment

**C. Henry A. Bolus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1113 E. 73rd St.  
 City Brooklyn State NY Zip Code 11236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : C4110613**  
 Amount of Each Receipt this Period  
 250.00  
 Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 55 OF 130
<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)  
**New York State Democratic Committee**

**A. Amanda Boomhower**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 Second Street  
City Athens State NY Zip Code 12015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 12 / 2012  
**Transaction ID : C4110615**  
Amount of Each Receipt this Period  
250.00  
Conv. Flight Payment

**B. Sheila Boyd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2970 W 24th St Apt 18D  
City Brooklyn State NY Zip Code 11224-2242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 06 / 2012  
**Transaction ID : C4101640**  
Amount of Each Receipt this Period  
250.00  
Conv. Flight Payment

**C. Noam Bramson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 Pinebrook Blvd.  
City New Rochelle State NY Zip Code 10804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Councilmember  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 12 / 2012  
**Transaction ID : C4110621**  
Amount of Each Receipt this Period  
250.00  
Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 56 OF 130
<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)  
**New York State Democratic Committee**

**A. Symra D. Brandon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 North Broadway

City Yonkers	State NY	Zip Code 10701-2604
-----------------	-------------	------------------------

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

Name of Employer Information Requested	Occupation City Councilman
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

**Transaction ID : C4121548**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**B. Veta Brome**  
Full Name (Last, First, Middle Initial)  
Mailing Address 98-06 Astoria Blvd

City East Elmhurst	State NY	Zip Code 11369
-----------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2012

**Transaction ID : C4120148**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**C. Lisa Brown-Beloch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 West 43rd St.

City New York	State NY	Zip Code 10036
------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

**Transaction ID : C4116436**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 57 OF 130
<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

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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Michael Cashman</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012 <b>Transaction ID : C4110866</b>
Mailing Address 10 Mohican Lance		Amount of Each Receipt this Period 250.00
City Plattsburgh	State NY	Zip Code 12901
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. David Chauvin</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2012 <b>Transaction ID : C4117652</b>
Mailing Address 79 Maryland Ave		Amount of Each Receipt this Period 500.00
City Freeport	State NY	Zip Code 11520
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>c. Margaret Chin</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2012 <b>Transaction ID : C4101652</b>
Mailing Address 3 Hanover Sq. Apt. 7H		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10004
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 58 OF 130
<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)  
**New York State Democratic Committee**

**A. Marlene Cintron De Frias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 Grand Concourse Apt 5D  
 City Bronx State NY Zip Code 10451-2805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested  
 Occupation Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : C4101653**  
 Amount of Each Receipt this Period  
 250.00  
 Conv. Flight Payment

**B. Marlene Cintron De Frias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 Grand Concourse Apt 5D  
 City Bronx State NY Zip Code 10451-2805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested  
 Occupation Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : C4116437**  
 Amount of Each Receipt this Period  
 250.00  
 Conv. Flight Payment

**C. Cordell Cleare**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1851 7th Avenue, Apt. 15  
 City New York State NY Zip Code 10026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested  
 Occupation Senate COS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2012  
**Transaction ID : C4117656**  
 Amount of Each Receipt this Period  
 250.00  
 Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 59 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Mark Coler**

Mailing Address 20 River Terrace, Apt. 28B

City New York State NY Zip Code 10282

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 12 / 2012  
**Transaction ID : C4117011**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

Full Name (Last, First, Middle Initial)  
**B. Sheila Comar**

Mailing Address P.O. Box 233  
29 Depot Street

City Middle Granville State NY Zip Code 12849

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

Name of Employer Information Requested  
Occupation County Chair - Washington

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 06 / 2012  
**Transaction ID : C4101654**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

Full Name (Last, First, Middle Initial)  
**C. Jonathan Cooper**

Mailing Address 28 Lloyd Point Drive

City Lloyd Harbor State NY Zip Code 11743

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 12 / 2012  
**Transaction ID : C4110885**

Amount of Each Receipt this Period  
500.00

Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 60 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Maribel Cruz</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2012
Mailing Address 31 Lasalle Drive		<b>Transaction ID : C4136179</b>
City Yonkers	State NY	Zip Code 10710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New York Power Authority	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Gil Cygler</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012
Mailing Address 2281 E. 65 St		<b>Transaction ID : C4110874</b>
City Brooklyn	State NY	Zip Code 11234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>c. Gil Cygler</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012
Mailing Address 2281 E. 65 St		<b>Transaction ID : C4110887</b>
City Brooklyn	State NY	Zip Code 11234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 61 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)  
**A. Ernest D. Davis**

Mailing Address 137 Esplanade

City State Zip Code  
Mount Vernon NY 10553

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

Name of Employer Occupation  
Information Requested Mayor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 27 / 2012  
**Transaction ID : C4139721**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

Full Name (Last, First, Middle Initial)  
**B. Paula M Diamond-Roman**

Mailing Address 120 West 109th Street, #3E

City State Zip Code  
New York NY 10025

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 18 / 2012  
**Transaction ID : C4134633**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

Full Name (Last, First, Middle Initial)  
**C. Thomas DiNapoli**

Mailing Address 151 Linden Rd

City State Zip Code  
Mineola NY 11501

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 08 / 2012  
**Transaction ID : C4109716**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 62 OF 130
<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)  
**New York State Democratic Committee**

**A. Jeffrey A. Dinowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3701 Henry Hudson Parkway  
 City State Zip Code  
 Bronx NY 10463-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NY State Assemblyman  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2012  
**Transaction ID : C4109751**  
 Amount of Each Receipt this Period  
 250.00  
 Conv. Flight Payment

**B. Erin Marie Drinkwater**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 176 Meserole Ave. Apt. 4  
 City State Zip Code  
 Brooklyn NY 11222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : C4116447**  
 Amount of Each Receipt this Period  
 250.00  
 Conv. Flight Payment

**C. Daniel Dromm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35-24 78 Street, B28  
 City State Zip Code  
 Jackson Heights NY 11372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYC Board Of Education Democratic District Leader  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : C4113364**  
 Amount of Each Receipt this Period  
 250.00  
 Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 63 OF 130
<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)  
**New York State Democratic Committee**

**A. Linda Anne Dunkel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 East Slope Road East

City Bayville	State NY	Zip Code 11709
------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : C4136159**

Amount of Each Receipt this Period  

250.00
--------

Conv. Flight Payment

**B. Linda Anne Dunkel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 East Slope Road East

City Bayville	State NY	Zip Code 11709
------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : C4136160**

Amount of Each Receipt this Period  

250.00
--------

Conv. Flight Payment

**C. John R. Durso**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1505 Kellum Place

City Mineola	State NY	Zip Code 11501
-----------------	-------------	-------------------

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

Name of Employer Local 338	Occupation Information Requested
-------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

**Transaction ID : C4113418**

Amount of Each Receipt this Period  

250.00
--------

Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 64 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. John R. Durso</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012 <b>Transaction ID : C4113451</b>
Mailing Address 1505 Kellum Place		Amount of Each Receipt this Period 250.00
City Mineola	State NY	Zip Code 11501
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Local 338	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Rob Ecker</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2012 <b>Transaction ID : C4117018</b>
Mailing Address 15A Seth Court		Amount of Each Receipt this Period 250.00
City Staten Island	State NY	Zip Code 10301
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Information Requested	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Eleanor Roosevelt Legacy Committee, Inc.</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 <b>Transaction ID : C4109569</b>
Mailing Address 461 Park Avenue South, 9th Floor		Amount of Each Receipt this Period 2155.50
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2155.50	
Name of Employer	Occupation	Health Insurance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4311.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2655.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA15

Transaction ID : C4109569

This is not a contribution. This is an offset to health insurance that we paid to Aetna and Oxford Health Plans and the expenditures are reported on Schedule H4, Line 21(a).

Form/Schedule:

Transaction ID:

**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 66 OF 130
<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)  
**New York State Democratic Committee**

**A. Shiana Denise Eve**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 North St Apt 805

City Buffalo	State NY	Zip Code 14201
-----------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : C4136154**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**B. Julissa Ferreras**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33-45 92 Street

City Jackson Heights	State NY	Zip Code 11372
-------------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2012

**Transaction ID : C4120188**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**C. Gregory Floyd**  
Full Name (Last, First, Middle Initial)  
Mailing Address 216 West 14 Street  
IBT Local 237

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

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

Name of Employer IBT Local 237	Occupation Information Requested
-----------------------------------	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

**Transaction ID : C4161171**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 67 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Deborah J. Gaffaney</b>		Date of Receipt
Mailing Address 463 West 47th St		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10036
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4113365</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. James F. Gaughran</b>		Date of Receipt
Mailing Address 113 Eatons Neck Rd.		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Northport	NY	11768
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4113366</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. Joshua Gold</b>		Date of Receipt
Mailing Address 225 E 6th St, Apt 5E		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10003
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4113367</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 68 OF 130
<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)  
**New York State Democratic Committee**

**A. Jerry Goldfeder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 360 Central Park West  
City New York State NY Zip Code 10025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Starting Point Services for Children Occupation Educator  
Information Requested  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 12 / 2012**  
**Transaction ID : C4116666**  
Amount of Each Receipt this Period **250.00**  
Conv. Flight Payment

**B. Lewis H. Goldstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2015 St. Paul Ave., Apt 51  
City Bronx State NY Zip Code 10461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Starting Point Services for Children Occupation Educator  
Information Requested  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 20 / 2012**  
**Transaction ID : C4134984**  
Amount of Each Receipt this Period **250.00**  
Conv. Flight Payment

**C. Lewis H. Goldstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2015 St. Paul Ave., Apt 51  
City Bronx State NY Zip Code 10461  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Starting Point Services for Children Occupation Educator  
Information Requested  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 20 / 2012**  
**Transaction ID : C4134991**  
Amount of Each Receipt this Period **250.00**  
Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**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 69 OF 130
<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)  
**New York State Democratic Committee**

**A. Mary C. Greathead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 58 Villard Ave  
City Hastings-on-Hudson State NY Zip Code 10706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 12 / 2012  
**Transaction ID : C4113369**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**B. Gloria D Black Greene**  
Full Name (Last, First, Middle Initial)  
Mailing Address 212 St. Johns Place  
City Brooklyn State NY Zip Code 11217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
06 / 13 / 2012  
**Transaction ID : C4117173**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**C. Gloria D Black Greene**  
Full Name (Last, First, Middle Initial)  
Mailing Address 212 St. Johns Place  
City Brooklyn State NY Zip Code 11217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
06 / 13 / 2012  
**Transaction ID : C4117176**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 70 OF 130
<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)  
**New York State Democratic Committee**

**A. Sheila Healy**  
Full Name (Last, First, Middle Initial)

Mailing Address 163 Lancaster St

City Albany State NY Zip Code 12210-1940

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

Name of Employer SELF EMPLOYED Occupation GOVERNMENT RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2012  
**Transaction ID : C4101655**

Amount of Each Receipt this Period 250.00

Conv. Flight Payment

**B. Marvin Holland**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Broadway, 2nd Floor

City New York State NY Zip Code 10019

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2012  
**Transaction ID : C4117667**

Amount of Each Receipt this Period 250.00

Conv. Flight Payment

**C. Alan H. Howard**  
Full Name (Last, First, Middle Initial)

Mailing Address 189 Franklin St.

City New York State NY Zip Code 10013

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2012  
**Transaction ID : C4117251**

Amount of Each Receipt this Period 250.00

Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 71 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. William C Hughes Jr</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012
Mailing Address 47 Wood St		<b>Transaction ID : C4116763</b>
City Poughkeepsie	State NY	Zip Code 12603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Christian B. Hylton</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2012
Mailing Address 670 E 22 St.		<b>Transaction ID : C4101657</b>
City Brooklyn	State NY	Zip Code 11210-1102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Barbara J. Jackson</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2012
Mailing Address 97-30 57th Avenue, Apt. 12E		<b>Transaction ID : C4134675</b>
City Corona Heights	State NY	Zip Code 11368-3564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 72 OF 130
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Letitia James</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2012
Mailing Address 296 Lafayette Avenue		<b>Transaction ID : C4120170</b>
City Brooklyn	State NY	Zip Code 11238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation NYC Council Member	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Felix Jimenez</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2012
Mailing Address 4841 Broadway Apt 5		<b>Transaction ID : C4120011</b>
City New York	State NY	Zip Code 10034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Nikki Kateman</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2012
Mailing Address 1505 Kellum Place		<b>Transaction ID : C4117574</b>
City Mineola	State NY	Zip Code 11501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 73 OF 130
<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)  
**New York State Democratic Committee**

**A. Maksim Kats**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2514 Voorhies Ave  
City Brooklyn State NY Zip Code 11235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 12 / 2012  
**Transaction ID : C4113370**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**B. Maimun Khan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Harrogate Rd  
City New Hartford State NY Zip Code 13413-2841  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 12 / 2012  
**Transaction ID : C4116671**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**C. Lori Knipel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 765 East 18th Street  
City Brooklyn State NY Zip Code 11230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Attorney  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
06 / 14 / 2012  
**Transaction ID : C4120051**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 74 OF 130
<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)  
**New York State Democratic Committee**

**A. Karen Koslowitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 69-39 Yellowstone Blvd  
City Forest Hills State NY Zip Code 11375  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 12 / 2012  
**Transaction ID : C4113392**  
Amount of Each Receipt this Period  
250.00  
Conv. Flight Payment

**B. Victor A. Kovner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1633 Broadway - 27th Floor  
City New York State NY Zip Code 10019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2012  
**Transaction ID : C4120069**  
Amount of Each Receipt this Period  
500.00  
Conv. Flight Payment

**C. Ronnie Lavine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Poppy Ln  
City Glen Cove State NY Zip Code 11542  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 13 / 2012  
**Transaction ID : C4116929**  
Amount of Each Receipt this Period  
250.00  
Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 75 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Jenny Low</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 <b>Transaction ID : C4136164</b>
Mailing Address 354 Broome Street Apt 5D		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10013
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Maria A. Luna</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2012 <b>Transaction ID : C4117275</b>
Mailing Address 839 Riverside Dr. Apt. 4A		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10032-6425
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. H. Carl McCall</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2012 <b>Transaction ID : C4117450</b>
Mailing Address 210 W. 27th Street Apt. 18ph		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Candidate for Governor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 76 OF 130
<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)  
**New York State Democratic Committee**

**A. Florence T. McCue**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1518 Old Country Road  
City Elmsford State NY Zip Code 10523  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2012  
**Transaction ID : C4113422**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**B. Sue Montgomery-Corey**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 921  
1749 Route 28N  
City Minerva State NY Zip Code 12851  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation County Chair - Essex  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2012  
**Transaction ID : C4113424**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**C. Veronica E. Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 114 Skillman Avenue  
City Brooklyn State NY Zip Code 11211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2012  
**Transaction ID : C4113444**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 77 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Zellnor Myrie</b>		Date of Receipt
Mailing Address 10 Maple Street Apt E7		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Brooklyn	NY	11225
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4139704</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Fordham University	Graduate Assistant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Philip C. Nolan</b>		Date of Receipt
Mailing Address 130 St. Mark's Lane		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Islip	NY	11751
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4113446</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Philip C. Nolan</b>		Date of Receipt
Mailing Address 130 St. Mark's Lane		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Islip	NY	11751
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4139722</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> 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 78 OF 130
<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)  
**New York State Democratic Committee**

**A. Kathleen M O'Hagen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Bay Drive  
 City Massapequa State NY Zip Code 11758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cullen & Dykman LLP Occupation Paralegal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2012  
**Transaction ID : C4113449**  
 Amount of Each Receipt this Period 250.00  
 Conv. Flight Payment

**B. Nathan Oberman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Bannock Court  
 City Suffern State NY Zip Code 10901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2012  
**Transaction ID : C4120096**  
 Amount of Each Receipt this Period 250.00  
 Conv. Flight Payment

**C. Nathan Oberman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Bannock Court  
 City Suffern State NY Zip Code 10901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2012  
**Transaction ID : C4139724**  
 Amount of Each Receipt this Period 250.00  
 Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 79 OF 130
<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)  
**New York State Democratic Committee**

**A. Mathias J. Paco**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 River Terrace #3505

City New York	State NY	Zip Code 10282
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FEC ID number of contributing federal political committee. **C**

Name of Employer MTV	Occupation Producer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

**Transaction ID : C4113454**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**B. Hersh Parekh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 61-25 97 St. Apt. 2F

City Rego Park	State NY	Zip Code 11374
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

**Transaction ID : C4113457**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**C. Barbera Pearl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1020 Park Ave Apt 7A

City New York	State NY	Zip Code 10028
------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

**Transaction ID : C4113480**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 80 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Barbera Pearl</b>		Date of Receipt
Mailing Address 1020 Park Ave Apt 7A		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10028
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4113481</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Jose R Peralta Jr</b>		Date of Receipt
Mailing Address 35-45 79th St Apt 2D		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Jackson Heights	NY	11372
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4117474</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. William Perkins</b>		Date of Receipt
Mailing Address 1295 Fifth Avenue, #15D		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10029
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4139715</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 81 OF 130
<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)  
**New York State Democratic Committee**

**A. Mary J. Plunkett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 224 Beach 128th St  
City Belle Harbor State NY Zip Code 11694-1607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation 11 J.D. Representative  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 12 / 2012  
**Transaction ID : C4113487**  
Amount of Each Receipt this Period 250.00  
Conv. Flight Payment

**B. Tajkumar Rajkumar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 107-47 128th St  
City Richmond Hill State NY Zip Code 11419  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 26 / 2012  
**Transaction ID : C4139697**  
Amount of Each Receipt this Period 500.00  
Conv. Flight Payment

**C. Samuel Roberts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 320 Genesee Park Drive  
City Syracuse State NY Zip Code 13224  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation NYS-OGS Real Property Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 580.00

Date of Receipt 06 / 19 / 2012  
**Transaction ID : C4134894**  
Amount of Each Receipt this Period 500.00  
Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional).....▶ 1250.00  
**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 82 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Deborah Rose</b>		Date of Receipt
Mailing Address 30 Macormac Place		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Staten Island	NY	10303-1621
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C4117497</b>
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		Conv. Flight Payment

Full Name (Last, First, Middle Initial) <b>B. Julia M. Rybak</b>		Date of Receipt
Mailing Address 1010 President St. Apt 3M		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Brooklyn	NY	11225
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C4113491</b>
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Conv. Flight Payment

Full Name (Last, First, Middle Initial) <b>C. Gustavo Santos</b>		Date of Receipt
Mailing Address 502 Townwood Drive		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Albany	NY	12203
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C4136174</b>
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> 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 83 OF 130
<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)  
**New York State Democratic Committee**

**A. Jessica Scarcella**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 New Dorp Plaza

City Staten Island	State NY	Zip Code 10306
-----------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	21	/	2012

**Transaction ID : C4136163**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**B. Jessica Scarcella**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 New Dorp Plaza

City Staten Island	State NY	Zip Code 10306
-----------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	21	/	2012

**Transaction ID : C4136165**

Amount of Each Receipt this Period  
500.00

Conv. Flight Payment

**C. Jessica Scarcella**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 New Dorp Plaza

City Staten Island	State NY	Zip Code 10306
-----------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	21	/	2012

**Transaction ID : C4161149**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 84 OF 130
<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)  
**New York State Democratic Committee**

**A. Sandra Schechter**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 8th Ave 3C

City Brooklyn State NY Zip Code 11215

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012

**Transaction ID : C4113492**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**B. Shellye E Schoonmaker**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Teal Court

City Newburg State NY Zip Code 12550

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012

**Transaction ID : C4116681**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

**C. Surajit Sengupta**  
Full Name (Last, First, Middle Initial)

Mailing Address 1335 Harmon Cove

City Secaucus State NJ Zip Code 07094

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012

**Transaction ID : C4113494**

Amount of Each Receipt this Period  
500.00

Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 85 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Abdus Shahid</b>		Date of Receipt
Mailing Address 2035 Haviland Ave		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bronx	NY	10472
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C4101658</b>
Information Requested	Information Requested	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Conv. Flight Payment
Aggregate Year-to-Date ▼		
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Gina L Sillitti</b>		Date of Receipt
Mailing Address 32 Gaffney Street		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Glen Cove	NY	11542
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C4113496</b>
Information Requested	Information Requested	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Conv. Flight Payment
Aggregate Year-to-Date ▼		
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Elaine Portuondo Smith</b>		Date of Receipt
Mailing Address 1105 Merillon Street		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Uniondale	NY	11553
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C4113515</b>
Information Requested	Information Requested	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Conv. Flight Payment
Aggregate Year-to-Date ▼		
<input type="text" value="250.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> 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 86 OF 130
<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)  
**New York State Democratic Committee**

**A. Anthony Smolenski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39-57 43rd St Apt 1  
 City Sunnyside State NY Zip Code 11104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2012  
**Transaction ID : C4117522**  
 Amount of Each Receipt this Period 250.00  
 Conv. Flight Payment

**B. Micheline Solages**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 Freeman Ave  
 City Elmont State NY Zip Code 11003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2012  
**Transaction ID : C4116687**  
 Amount of Each Receipt this Period 250.00  
 Conv. Flight Payment

**C. Michael J. Spano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Harvard Avenue  
 City Yonkers State NY Zip Code 10710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2012  
**Transaction ID : C4109733**  
 Amount of Each Receipt this Period 250.00  
 Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 87 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Marianne Spraggins</b>		Date of Receipt
Mailing Address 435 Convent Ave		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10031
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4113519</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Democratic National Committee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. Andrea Stewart-Cousins</b>		Date of Receipt
Mailing Address 293 North Broadway Apt. 32		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
Yonkers	NY	10701
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4121582</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
New York State Senate	State Senator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. Lauren Summa</b>		Date of Receipt
Mailing Address 252 Maple Ave.		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Uniondale	NY	11553
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4113524</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Worldwide Product Access	CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> 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 88 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Sunshine</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 <b>Transaction ID : C4136156</b>
Mailing Address 68 Pierpont Pl		Amount of Each Receipt this Period 500.00
City Staten Island	State NY	Zip Code 10314-5955
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Yudelka Tapia</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2012 <b>Transaction ID : C4117535</b>
Mailing Address 245 East 180th St Apt 2C		Amount of Each Receipt this Period 250.00
City Bronx	State NY	Zip Code 10457
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Yudelka Tapia</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2012 <b>Transaction ID : C4117538</b>
Mailing Address 245 East 180th St Apt 2C		Amount of Each Receipt this Period 250.00
City Bronx	State NY	Zip Code 10457
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 89 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Arelis Tavares</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012 <b>Transaction ID : C4116315</b>
Mailing Address 765 FDR Drive, 6A		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10009
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Earnestine B. Temple</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012 <b>Transaction ID : C4116384</b>
Mailing Address 706 Riverside Drive, Apt. 2E		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10031
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Marie M. Ternes</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012 <b>Transaction ID : C4116719</b>
Mailing Address 450 E 84th Street, Apt 1R		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		Conv. Flight Payment
Name of Employer Congress Member Anthony D. Weiner	Occupation Special Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 90 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Vanessa Tirado</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2012
Mailing Address 89 Lakeside Rd		<b>Transaction ID : C4116735</b>
City Newburgh	State NY	Zip Code 12550
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Information Requested	Occupation Information Requested	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Maf Misbah Uddin</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2012
Mailing Address 161-17 85th Avenue		<b>Transaction ID : C4134897</b>
City Jamaica	State NY	Zip Code 11432
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer Local 1407	Occupation President	Conv. Flight Payment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. UNITED TRANSPORTATION UNION POLITICAL ACTION COMMI</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2012
Mailing Address 24950 Country Club Blvd, Ste 340		<b>Transaction ID : C4136151</b>
City North Olmsted	State OH	Zip Code 44070
FEC ID number of contributing federal political committee. C C00001636	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	Payroll Expenses
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).....▶	6250.00
<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 91 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Mayra Y Valladares</b>		Date of Receipt
Mailing Address 1587 Stewart Avenue		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Westbury	NY	11590
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4116389</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. Melissa Mark Viverito</b>		Date of Receipt
Mailing Address 211 East 111th Street, #2		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10029
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4134640</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. Valerie L. West</b>		Date of Receipt
Mailing Address 22-11 Camp Rd.		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Far Rockaway	NY	11691
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4113413</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="540.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 92 OF 130
<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)  
**New York State Democratic Committee**

**A. Valerie L. West**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22-11 Camp Rd.  
City Far Rockaway State NY Zip Code 11691  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
**06 / 12 / 2012**  
**Transaction ID : C4116391**  
Amount of Each Receipt this Period  
**250.00**  
Conv. Flight Payment

**B. Melanie Whaley**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 592  
City Millbrook State NY Zip Code 12545  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**06 / 12 / 2012**  
**Transaction ID : C4116395**  
Amount of Each Receipt this Period  
**250.00**  
Conv. Flight Payment

**C. Serena Joyce White**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Central Ave, Fl 2  
City Albany State NY Zip Code 12210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested  
Occupation Information Requested  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**06 / 12 / 2012**  
**Transaction ID : C4116399**  
Amount of Each Receipt this Period  
**250.00**  
Conv. Flight Payment

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**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 93 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Mark Whitney</b>		Date of Receipt
Mailing Address 7 Dock Street		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Schroon Lake	NY	12870
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4101659</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Town of Schroon	Councilman	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wayne H. Wink Jr.</b>		Date of Receipt
Mailing Address 1127 Old Northern Blvd.		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Roslyn	NY	11576
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4116404</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John T Woods</b>		Date of Receipt
Mailing Address 52 Mercury Ave		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
East Patchogue	NY	11772
FEC ID number of contributing federal political committee.		<b>Transaction ID : C4117549</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Conv. Flight Payment
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> 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 94 OF 130
<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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial) <b>A. Andrena Y. Wyatt</b>		Date of Receipt
Mailing Address 79 Maplewood Avenue		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hempstead	NY	11550
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C4116417</b>
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Conv. Flight Payment

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Yeampierre</b>		Date of Receipt
Mailing Address 742 44th Street		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Brooklyn	NY	11220
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C4117632</b>
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Conv. Flight Payment

Full Name (Last, First, Middle Initial) <b>C. Jonathan Yedin</b>		Date of Receipt
Mailing Address 533 84th St		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Brooklyn	NY	11209
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : C4116424</b>
Information Requested	Student	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Conv. Flight Payment

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 95 OF 130  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Clara H Yoo**

Mailing Address 228 Dawson Lane

City Jericho State NY Zip Code 11753

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2012

**Transaction ID : C4117559**

Amount of Each Receipt this Period  
250.00

Conv. Flight Payment

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	44155.50

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

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

FOR LINE NUMBER: PAGE 96 OF 130  
(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)  
**New York State Democratic Committee**

**A. NITA LOWEY FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 271  
 City State Zip Code  
 WHITE PLAINS NY 10605  
 FEC ID number of contributing federal political committee. **C** C00219881  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 6477.69

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012  
**Transaction ID : C4100781**  
 Amount of Each Receipt this Period  
 6477.69  
 Voter File Access

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

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

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6477.69
<b>TOTAL</b> This Period (last page this line number only).....▶	6477.69

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : C4100781

Please be advised that the amount received by the Committee on Line 17 was for access to the Committee's voter file. The amount charged reflects the prevailing fair market value for access to such data and was based on a survey of comparable vendors.

Form/Schedule:

Transaction ID:

**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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D322411**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. American Express Establishment Services**

Mailing Address P.O. Box 53852

City State Zip Code  
Phoenix AZ 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326383**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. American Express Establishment Services**

Mailing Address P.O. Box 53852

City State Zip Code  
Phoenix AZ 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326384**

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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. American Express Establishment Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

**Transaction ID : D326385**

Amount of Each Disbursement this Period

113.75

Full Name (Last, First, Middle Initial)

**B. American Express Establishment Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2012

**Transaction ID : D326398**

Amount of Each Disbursement this Period

6.50

Full Name (Last, First, Middle Initial)

**C. American Express Establishment Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2012

**Transaction ID : D326399**

Amount of Each Disbursement this Period

24.38

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

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

144.63

**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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. American Express Establishment Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2012

**Transaction ID : D326400**

Amount of Each Disbursement this Period

13.00

Full Name (Last, First, Middle Initial)

**B. American Express Establishment Services**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

**Transaction ID : D326401**

Amount of Each Disbursement this Period

0.65

Full Name (Last, First, Middle Initial)

**C. Democracy Engine LLC**

Mailing Address 850 Quincy St, NW #402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : D321227**

Amount of Each Disbursement this Period

0.50

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

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

14.15

**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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Democracy Engine LLC**

Mailing Address 850 Quincy St, NW #402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2012

**Transaction ID : D321417**

Amount of Each Disbursement this Period

2.30

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Democracy Engine LLC**

Mailing Address 850 Quincy St, NW #402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

**Transaction ID : D321718**

Amount of Each Disbursement this Period

2.30

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Democracy Engine LLC**

Mailing Address 850 Quincy St, NW #402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2012

**Transaction ID : D322669**

Amount of Each Disbursement this Period

5.90

Category/  
Type

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

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

10.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic National Committee**

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
On-Line Voter File Access

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

**Transaction ID : D326408**

Amount of Each Disbursement this Period

3220.00

\* In-Kind Received

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

**Transaction ID : D326378**

Amount of Each Disbursement this Period

239.14

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

**Transaction ID : D326379**

Amount of Each Disbursement this Period

15.89

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

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

3475.03

# 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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

### A. PAYCHEX

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

Transaction ID : D326380

Amount of Each Disbursement this Period

41.21

Full Name (Last, First, Middle Initial)

### B. PAYCHEX

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

Transaction ID : D326381

Amount of Each Disbursement this Period

234.58

Full Name (Last, First, Middle Initial)

### C. PAYCHEX

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

Transaction ID : D326382

Amount of Each Disbursement this Period

29.90

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

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

305.69

**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)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement  
Credit Card Payment-see below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2012

**Transaction ID : D326403**

Amount of Each Disbursement this Period

4375.00

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Delegation Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2012

**Transaction ID : D326404**

Amount of Each Disbursement this Period

4375.00

**[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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

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)..... ▶

4375.00

8545.17



**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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph D. Bowen**

Mailing Address 8271 Liberty Lane

City State Zip Code  
Cadillac MI 49601

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : D326334**

Amount of Each Disbursement this Period

1362.89

Full Name (Last, First, Middle Initial)

**B. Elizabeth Dovell**

Mailing Address 11 William Penn Dr

City State Zip Code  
Stony Brook NY 11790

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : D326349**

Amount of Each Disbursement this Period

956.27

Full Name (Last, First, Middle Initial)

**C. David Ebner**

Mailing Address 228 Stolp Ave

City State Zip Code  
Syracuse NY 13207

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : D326350**

Amount of Each Disbursement this Period

1362.90

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

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

3682.06

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. David Ebner**

Mailing Address 228 Stolp Ave

City Syracuse State NY Zip Code 13207

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326336**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Jeffrey D. Frew**

Mailing Address 38 Colonial Drive

City Montpelier State VT Zip Code 05602

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326337**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jeffrey D. Frew**

Mailing Address 38 Colonial Drive

City Montpelier State VT Zip Code 05602

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326351**

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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Joshua Green**

Mailing Address 114 Terryville Rd

City State Zip Code  
Port Jefferson Station NY 11776

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

Transaction ID : D326352

Amount of Each Disbursement this Period

956.27

Full Name (Last, First, Middle Initial)

**B. Joshua Green**

Mailing Address 114 Terryville Rd

City State Zip Code  
Port Jefferson Station NY 11776

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

Transaction ID : D326338

Amount of Each Disbursement this Period

797.52

Full Name (Last, First, Middle Initial)

**C. Russell Leibowitz**

Mailing Address 403 Mountain Ridge Drive

City State Zip Code  
Mount Sinai NY 11766

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

Transaction ID : D326339

Amount of Each Disbursement this Period

821.70

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

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

2575.49

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Russell Leibowitz**

Mailing Address 403 Mountain Ridge Drive

City State Zip Code  
Mount Sinai NY 11766

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326353**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. John Marafino**

Mailing Address 48 Drake Ave

City State Zip Code  
Bellport NY 11713

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326354**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. John Marafino**

Mailing Address 48 Drake Ave

City State Zip Code  
Bellport NY 11713

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326340**

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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Lauren Martin**

Mailing Address 79 Barteau Ave

City Blue Point State NY Zip Code 11715

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 06 / 2012

**Transaction ID : D326341**

Amount of Each Disbursement this Period

1048.32

Full Name (Last, First, Middle Initial)

**B. Lauren Martin**

Mailing Address 79 Barteau Ave

City Blue Point State NY Zip Code 11715

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : D326355**

Amount of Each Disbursement this Period

1115.63

Full Name (Last, First, Middle Initial)

**C. Anthony Merrill**

Mailing Address 420 Manatuck Blvd

City Brightwaters State NY Zip Code 11718

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : D326356**

Amount of Each Disbursement this Period

981.04

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

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

3144.99

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Anthony Merrill**

Mailing Address 420 Manatuck Blvd

City State Zip Code  
Brightwaters NY 11718

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326342**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Nathan Morgante**

Mailing Address 141 Pleasant View Drive

City State Zip Code  
Lancaster NY 14086

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326343**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Nathan Morgante**

Mailing Address 141 Pleasant View Drive

City State Zip Code  
Lancaster NY 14086

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326357**

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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Chintan Patel**

Mailing Address 2272 Stratford Ave

City Hatfield State PA Zip Code 19440

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326358**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Chintan Patel**

Mailing Address 2272 Stratford Ave

City Hatfield State PA Zip Code 19440

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326344**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326370**

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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : D326371**

Amount of Each Disbursement this Period

670.79

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : D326372**

Amount of Each Disbursement this Period

662.94

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : D326373**

Amount of Each Disbursement this Period

748.73

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

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

2082.46

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

### A. PAYCHEX

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

Transaction ID : D326374

Amount of Each Disbursement this Period

748.83

Full Name (Last, First, Middle Initial)

### B. PAYCHEX

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

Transaction ID : D326375

Amount of Each Disbursement this Period

63.97

Full Name (Last, First, Middle Initial)

### C. PAYCHEX

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

Transaction ID : D326393

Amount of Each Disbursement this Period

4902.81

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

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

5715.61

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326394**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326395**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D326396**

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 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 1551 S. Washington Ave.,  
P.O. Box 1180

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
Payroll Taxes/Withholdings

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : D326397**

Amount of Each Disbursement this Period

743.19

Full Name (Last, First, Middle Initial)

**B. Michael Perloff**

Mailing Address 2128 Cedarview Dr

City Beachwood State OH Zip Code 44122

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : D326361**

Amount of Each Disbursement this Period

1524.63

Full Name (Last, First, Middle Initial)

**C. Gabriela Sambula**

Mailing Address 3211 Hering Ave

City Bronx State NY Zip Code 10469

Purpose of Disbursement  
GOTV Canvassing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2012

**Transaction ID : D326345**

Amount of Each Disbursement this Period

209.51

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

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

2477.33



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 118 OF 130
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**New York State Democratic Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Zale Koff Graphics, Inc.</b>	Nature of Debt (Purpose): Printing
Mailing Address 225 Varick Street, 4th Floor	
City State Zip Code New York NY 10014	

Outstanding Balance Beginning This Period <input type="text" value="24613.55"/>	<b>Transaction ID : D1365</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="24613.55"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="24613.55"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="24613.55"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="24613.55"/>

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New York State Democratic Committee

NAME OF ACCOUNT NYS Campaign	DATE OF RECEIPT MM / DD / YYYY 06 / 29 / 2012	TOTAL AMOUNT TRANSFERRED 59638.24
---------------------------------	---	--------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	46603.24
<b>Transaction ID : T1339</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) Fundraising Consulting May 09	13035.00
<b>Transaction ID : T1340</b>	
b) .....	
c) Total Amount Transferred For Direct Fundraising .....	13035.00
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) .....	
b) .....	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	46603.24
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	13035.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	59638.24

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

New York State Democratic Committee

Form A: Disbursement for Aetna. Transaction ID: D326306. Allocated Activity: Administrative. Date: 06/01/2012. Total Amount: 190.40.

Form B: Disbursement for Alex Voetsch. Transaction ID: D326406. Allocated Activity: Administrative. Date: 06/06/2012. Total Amount: 1239.51.

Form C: Disbursement for Alex Voetsch. Transaction ID: D326407. Allocated Activity: Administrative. Date: 06/20/2012. Total Amount: 1239.50.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (960.98), NONFEDERAL SHARE (1708.43), TOTAL AMOUNT (2669.41).

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

New York State Democratic Committee

Form A: Capital One Bank, Transaction ID: D326402. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Bank Charge), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (06/26/2012), and a summary table showing Federal Share (209.61), NonFederal Share (372.65), and Total Amount (582.26).

Form B: Charles G. King, Transaction ID: D326365. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Wages), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (06/06/2012), and a summary table showing Federal Share (1369.71), NonFederal Share (2435.03), and Total Amount (3804.74).

Form C: Charles G. King, Transaction ID: D326388. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Wages), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (06/20/2012), and a summary table showing Federal Share (1369.71), NonFederal Share (2435.04), and Total Amount (3804.75).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (2949.03) + NONFEDERAL SHARE (5242.72) = TOTAL AMOUNT (8191.75)

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

New York State Democratic Committee

Form A: Full Name (Last, First, Middle Initial) Isabelle M. Parker, Transaction ID : D326367, Allocated Activity or Event: Administrative, Date: 06/06/2012, Total Amount: 1438.87

Form B: Full Name (Last, First, Middle Initial) Isabelle M. Parker, Transaction ID : D326390, Allocated Activity or Event: Administrative, Date: 06/20/2012, Total Amount: 1438.87

Form C: Full Name (Last, First, Middle Initial) Leslie Ng, Transaction ID : D326366, Allocated Activity or Event: Administrative, Date: 06/06/2012, Total Amount: 1556.43

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1596.29, 2837.88, 4434.17

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

New York State Democratic Committee

Form A: Leslie Ng, Transaction ID: D326389. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Wages), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), and Year-To-Date amounts (415438.49). Summary: FEDERAL SHARE 560.31, NONFEDERAL SHARE 996.12, TOTAL AMOUNT 1556.43.

Form B: Mallory Ward, Transaction ID: D326368. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Wages), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), and Year-To-Date amounts (415438.49). Summary: FEDERAL SHARE 370.62, NONFEDERAL SHARE 658.89, TOTAL AMOUNT 1029.51.

Form C: Mallory Ward, Transaction ID: D326391. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Wages), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), and Year-To-Date amounts (415438.49). Summary: FEDERAL SHARE 370.62, NONFEDERAL SHARE 658.88, TOTAL AMOUNT 1029.50.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 1301.55, NONFEDERAL SHARE 2313.89, TOTAL AMOUNT 3615.44.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

New York State Democratic Committee

Form A: NYSDC Housekeeping Account. Transaction ID: D326386. Allocated Activity: Administrative. Date: 06/13/2012. Total Amount: 1379.52.

Form B: Oxford Health Plans. Transaction ID: D326376. Allocated Activity: Administrative. Date: 06/07/2012. Total Amount: 3354.50.

Form C: PAYCHEX. Transaction ID: D326369. Allocated Activity: Administrative. Date: 06/06/2012. Total Amount: 6506.19.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (4929.37), NONFEDERAL SHARE (6310.84), TOTAL AMOUNT (11240.21).

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**New York State Democratic Committee**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : D326377</b> <b>PAYCHEX</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1551 S. Washington Ave., P.O. Box 1180		Allocated Activity or Event Year-To-Date 415438.49	
City State Zip Code Piscataway NJ 08854	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>	
Purpose of Disbursement: Payroll Service			
Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
103.08 + 183.24 = 286.32			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : D326392</b> <b>PAYCHEX</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1551 S. Washington Ave., P.O. Box 1180		Allocated Activity or Event Year-To-Date 415438.49	
City State Zip Code Piscataway NJ 08854	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>	
Purpose of Disbursement: Payroll Taxes/Withholdings			
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
2233.43 + 3970.54 = 6203.97			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : D326364</b> <b>Richard J. Horner Jr.</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 767 Mineral Springs Rd.		Allocated Activity or Event Year-To-Date 415438.49	
City State Zip Code West Seneca NY 14224	Category/ Type	Date <input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>	
Purpose of Disbursement: Wages			
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
804.11 + 1429.54 = 2233.65			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3140.62		5583.32		8723.94

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

New York State Democratic Committee

Form A: Richard J. Horner Jr. Transaction ID: D326387. Allocated Activity or Event: Administrative. Date: 06/20/2012. Total Amount: 2233.64.

Form B: Rose Hill Property Assoc Inc Transaction ID: D326405. Allocated Activity or Event: Administrative. Date: 06/29/2012. Total Amount: 8993.15.

Form C: Steven Glass Transaction ID: D326363. Allocated Activity or Event: Administrative. Date: 06/06/2012. Total Amount: 814.46.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 4334.85, 7706.40, 12041.25.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

New York State Democratic Committee

Form A: Hostgator.com LLC. Transaction ID: D326308. Allocated Activity or Event: Administrative. Date: 06/01/2012. Total Amount: 49.95.

Form B: Intermedia.net. Transaction ID: D326310. Allocated Activity or Event: Administrative. Date: 06/01/2012. Total Amount: 202.23.

Form C: Manhattan Mini Storage. Transaction ID: D326315. Allocated Activity or Event: Administrative. Date: 06/01/2012. Total Amount: 519.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

New York State Democratic Committee

Form A: Full Name (Last, First, Middle Initial) Transaction ID : D326314 The UPS Store. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial). Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial). Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 19746.62, 32652.69, 52399.31.

**SCHEDULE L (FEC Form 3X)**

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : SchedL1

NAME OF COMMITTEE (In Full) New York State Democratic Committee		
NAME OF ACCOUNT Levin account		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0.00	0.00
(b) Unitemized .....	0.00	0.00
(c) Total .....	0.00	0.00
2. OTHER RECEIPTS .....	0.00	0.00
3. TOTAL RECEIPTS .....	0.00	0.00
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0.00	0.00
(b) Voter ID .....	0.00	0.00
(c) GOTV .....	0.00	0.00
(d) Generic Campaign .....	0.00	0.00
(e) Total .....	0.00	0.00
5. OTHER DISBURSEMENTS .....	0.00	0.00
6. TOTAL DISBURSEMENTS .....	0.00	0.00
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....	189.58	189.58
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....	0.00	0.00
(from Line 3)		
9. SUBTOTAL .....	189.58	189.58
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	0.00	0.00
(From Line 6)		
11. ENDING CASH ON HAND .....	189.58	189.58
(Subtract Line 10 From Line 9)		