

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Crowley Leadership Fund

ADDRESS (number and street)

PO Box 15320

Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00541086

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Jennifer May

Signature of Treasurer Jennifer May

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 19

Write or Type Committee Name

**Crowley Leadership Fund**

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	54450.00	355668.78
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	54450.00	355668.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	15524.14	67329.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	15524.14	67329.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	48074.58	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**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 3 (Revised 12/2003)

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Write or Type Committee Name

Crowley Leadership Fund

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

43950.00

312050.00

(ii) Unitemized.....

300.00

1618.78

(iii) TOTAL of contributions from individuals ▶

44250.00

313668.78

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

10200.00

42000.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

54450.00

355668.78

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

54450.00

355668.78

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15524.14	67329.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	240265.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	15524.14	307594.20

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9148.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	54450.00
25. SUBTOTAL (add Line 23 and Line 24).....	63598.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15524.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	48074.58

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

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

FOR LINE NUMBER:

PAGE 5 OF 19

(check only one)

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

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)

Crowley Leadership Fund

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SA11AI.4923

Amount of Each Receipt this Period

8700.00

Total Through Conduit This Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hamid Biglari

Mailing Address 447 E. 57th St.  
#11

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2013

Transaction ID : SA11AI.4808

Amount of Each Receipt this Period

1000.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)

C. Tonio Burgos

Mailing Address 200 W. State Street

City

Trenton

State

NJ

Zip Code

08608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tonio Burgos &amp; Associates

Occupation

Partner

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2013

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period

5200.00

Partnership Allocation

[MEMO ITEM]

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

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

1000.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

Crowley Leadership Fund

Full Name (Last, First, Middle Initial)

Walter Cardinet

A.

Mailing Address 1740 Technology Dr.  
Suite 550

City	State	Zip Code
San Jose	CA	95110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2013

Transaction ID : SA11AI.4810

Amount of Each Receipt this Period

1000.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)

Lawrence Cerullo

B.

Mailing Address 35-37 36th Street

City	State	Zip Code
Astoria	NY	11106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Studio Square

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : SA11AI.4682

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

David Cohen

C.

Mailing Address 125-10 Queens Blvd. Ste 5

City	State	Zip Code
Kew Gardens	NY	11415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oceana Publications Inc.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period

250.00

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

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

6250.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Crowley Leadership Fund

Full Name (Last, First, Middle Initial)

William Floyd

A.

Mailing Address 76 9th Avenue, 4th Floor

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Google

Occupation

External Affairs

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2013

Transaction ID : SA11AI.4902

Amount of Each Receipt this Period

250.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)

Evelyne Guenoun-Caloras

B.

Mailing Address 254-12 - 58th Ave.

City

Little Neck

State

NY

Zip Code

11362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Computer Consultant

Occupation

Self

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Jerry Harnik

C.

Mailing Address 9 Walnut Hollow Lane

City

Lincroft

State

NJ

Zip Code

07738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guardian

Occupation

General Agent

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2013

Transaction ID : SA11AI.4831

Amount of Each Receipt this Period

1000.00

Conduit: ActBlue

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

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

1750.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Crowley Leadership Fund

Full Name (Last, First, Middle Initial)

A. Harter Secret &amp; Emery LLP

Mailing Address 1600 Bausch &amp; Lomb Pl

City

Rochester

State

NY

Zip Code

14604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period

2600.00

Partnership Contribution - Allocation Below

Full Name (Last, First, Middle Initial)

B. Michael Harwood

Mailing Address 103 St Marks Pl

City

Staten Island

State

NY

Zip Code

10301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Kasowitz Benson Torres &amp; Fried

Attorney

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2013

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period

250.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)

C. Glenn Hutchins

Mailing Address 75 Rockefeller Plaza  
Suite 900

City

New York

State

NY

Zip Code

10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Silver Lake Partners

Executive

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : SA11AI.4680

Amount of Each Receipt this Period

2600.00

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

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

5450.00



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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Crowley Leadership Fund

Full Name (Last, First, Middle Initial)

A. Salvato Iannuzzi

Mailing Address 336 Bay Drive

City

Massapequa

State

NY

Zip Code

11758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monster Worldwide, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2013

Transaction ID : SA11AI.4816

Amount of Each Receipt this Period

5200.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)

B. Suri Kasirer

Mailing Address 321 Broadway  
Suite 201

City

New York

State

NY

Zip Code

10007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kasirer Consulting, LLC

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2013

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period

500.00

Partnership Allocation

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Kasirer Consulting LLC

Mailing Address 321 Broadway  
Suite 201

City

New York

State

NY

Zip Code

10007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2013

Transaction ID : SA11AI.4904

Amount of Each Receipt this Period

500.00

Partnership Contribution - Allocation Below

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

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

5700.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

Crowley Leadership Fund

Full Name (Last, First, Middle Initial)

Leonard Litwin

A.

Mailing Address 1200 Union Tpke

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenurm ManagementOccupation  
Real Estate Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : SA11AI.4684

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

Harold McGraw

B.

Mailing Address 745 Hollow Tree Ridge Road

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The McGraw-Hill CompaniesOccupation  
Chairman, President, & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : SA11AI.4827

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Nasrallah Misk

C.

Mailing Address 37-51 78th St

City

Jackson Heights

State

NY

Zip Code

11372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2013

Transaction ID : SA11AI.4823

Amount of Each Receipt this Period

5000.00

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

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

12600.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

Crowley Leadership Fund

Full Name (Last, First, Middle Initial)

Eric Rudin

A.

Mailing Address 544 East 88th Street

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rudin Management Company

Occupation

Realestate Owner/Manager

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2013

Transaction ID : SA11AI.4812

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

Tony Burgos &amp; Associates

B.

Mailing Address 200 W. State Street

City

Trenton

State

NJ

Zip Code

08608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2013

Transaction ID : SA11AI.4833

Amount of Each Receipt this Period

5200.00

Partnership Contribution - Allocation Below

Full Name (Last, First, Middle Initial)

Peter Tully

C.

Mailing Address 127-50

City

Flushing

State

NY

Zip Code

11368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wilets Point Asphalt Corp.

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2013

Transaction ID : SA11AI.4820

Amount of Each Receipt this Period

1000.00

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

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

11200.00

43950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 19

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

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NAME OF COMMITTEE (In Full)  
**Crowley Leadership Fund****A.** Full Name (Last, First, Middle Initial)  
**Covanta Energy Corporation PAC**

Mailing Address 445 SOUTH STREET

City	State	Zip Code
MORRISTOWN	NJ	07960

FEC ID number of contributing  
federal political committee.**C** C00142158

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2013

**Transaction ID : SA11C.4663**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Jimmy Van Bramer**

Mailing Address 3919 46th St.

City	State	Zip Code
Sunnyside	NY	11104

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2013

**Transaction ID : SA11C.4818**

Amount of Each Receipt this Period

500.00

Comprised of Permissible Funds

**C.** Full Name (Last, First, Middle Initial)  
**Garodnick 2013**Mailing Address 545 West 111th Street  
Apt. 8C

City	State	Zip Code
New York	NY	10025

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2013

**Transaction ID : SA11C.4822**

Amount of Each Receipt this Period

1000.00

Comprised of Permissible Funds

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

2500.00

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

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

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

FOR LINE NUMBER:

PAGE 13 OF 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

Crowley Leadership Fund

Full Name (Last, First, Middle Initial)

A. International Longshoremen's Associate PAC

Mailing Address 5000 WEST SIDE AVENUE

City

NORTH BERGEN

State

NJ

Zip Code

07047

FEC ID number of contributing  
federal political committee.

C C00158576

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 25 / 2013

Transaction ID : SA11C.4829

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Pepsico, Inc. Concerned Citizens Fund

Mailing Address 700 Anderson Hill Road

City

PURCHASE

State

NY

Zip Code

10577

FEC ID number of contributing  
federal political committee.

C C00039321

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 25 / 2013

Transaction ID : SA11C.4665

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VGM PAC

Mailing Address 1111 W. San Marnan DR.

City

Waterloo

State

IA

Zip Code

50701

FEC ID number of contributing  
federal political committee.

C C00402545

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

200.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2013

Transaction ID : SA11C.4660

Amount of Each Receipt this Period

200.00

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

7700.00

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

10200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Crowley Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**Mailing Address 14 Arrow Street  
Suite 11City State Zip Code  
Cambridge MA 20138Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2013

Amount of Each Disbursement this Period

19.76
-------

Transaction ID : SB17.4643

**B. ActBlue Technical Services**Mailing Address 14 Arrow Street  
Suite 11City State Zip Code  
Cambridge MA 20138Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2013

Amount of Each Disbursement this Period

39.50
-------

Transaction ID : SB17.4649

**C. ActBlue Technical Services**Mailing Address 14 Arrow Street  
Suite 11City State Zip Code  
Cambridge MA 20138Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2013

Amount of Each Disbursement this Period

79.00
-------

Transaction ID : SB17.4651

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

138.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Crowley Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**Mailing Address 14 Arrow Street  
Suite 11City State Zip Code  
Cambridge MA 20138Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2013

Amount of Each Disbursement this Period

205.40
--------

Transaction ID : SB17.4652

**B. American Express**

Mailing Address 200 Vessey Street

City State Zip Code  
New York NY 10285Purpose of Disbursement  
Credit Card Payment

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2013

Amount of Each Disbursement this Period

2499.62
---------

Transaction ID : SB17.4646

**c. American Express**

Mailing Address 200 Vessey Street

City State Zip Code  
New York NY 10285Purpose of Disbursement  
Credit Card Payment

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2013

Amount of Each Disbursement this Period

281.60
--------

Transaction ID : SB17.4653

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

2986.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Crowley Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. Dream Hotel**

Mailing Address 355 W 16th St

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 10 / 2013

Amount of Each Disbursement this Period

53.55
-------

Transaction ID : SB17.4910

**[MEMO ITEM]****B. Dream Hotel**

Mailing Address 355 W 16th St

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 10 / 2013

Amount of Each Disbursement this Period

227.27
--------

Transaction ID : SB17.4915

**[MEMO ITEM]****c. Dream Hotel**

Mailing Address 355 W 16th St

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 10 / 2013

Amount of Each Disbursement this Period

359.35
--------

Transaction ID : SB17.4916

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Crowley Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. Dream Hotel**

Mailing Address 355 W 16th St

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2013

Amount of Each Disbursement this Period

536.38
--------

Transaction ID : SB17.4917

**[MEMO ITEM]****B. Dream Hotel**

Mailing Address 355 W 16th St

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2013

Amount of Each Disbursement this Period

459.54
--------

Transaction ID : SB17.4918

**[MEMO ITEM]****c. Dream Hotel**

Mailing Address 355 W 16th St

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2013

Amount of Each Disbursement this Period

458.54
--------

Transaction ID : SB17.4919

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Crowley Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. Dream Hotel**

Mailing Address 355 W 16th St

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2013

Amount of Each Disbursement this Period

404.99
--------

Transaction ID : SB17.4920

**[MEMO ITEM]****B. Dream Hotel**

Mailing Address 355 W 16th St

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2013

Amount of Each Disbursement this Period

281.60
--------

Transaction ID : SB17.4921

**[MEMO ITEM]****c. Dynamic SRG**Mailing Address 193 Malcolm X Blvd  
Suite 1

City	State	Zip Code
New York	NY	10026

Purpose of Disbursement  
Consultant - Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2013

Amount of Each Disbursement this Period

7000.00
---------

Transaction ID : SB17.4648

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

7000.00
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Crowley Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. Dynamic SRG**Mailing Address 193 Malcolm X Blvd  
Suite 1City State Zip Code  
New York NY 10026Purpose of Disbursement  
Consultant - Fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2013

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4650

**B. Dynamic SRG**Mailing Address 193 Malcolm X Blvd  
Suite 1City State Zip Code  
New York NY 10026Purpose of Disbursement  
Consultant - Fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2013

Amount of Each Disbursement this Period

3749.26
---------

Transaction ID : SB17.4654

**c. Matthew Golub**

Mailing Address 233 Vincent Drive

City State Zip Code  
East Meadow NY 11554Purpose of Disbursement  
Film Production

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2013

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4644

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

5249.26

15374.14