

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CTC Action

ADDRESS (number and street) 123 7th Ave, # 168

Check if different than previously reported. (ACC) Brooklyn NY 11215

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

C C00661264

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y 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.

Thomases, Ben, , ,

Type or Print Name of Treasurer

Signature of Treasurer Thomases, Ben, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CTC Action

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="2020"/>	<input type="text" value="28258.00"/>	<input type="text" value="28258.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28258.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8275.00"/>	<input type="text" value="8275.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="36533.00"/>	<input type="text" value="36533.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34316.88"/>	<input type="text" value="34316.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2216.12"/>	<input type="text" value="2216.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CTC Action

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).....	4600.00	4600.00
(ii) Unitemized	3675.00	3675.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8275.00	8275.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8275.00	8275.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8275.00	8275.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8275.00	8275.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	34316.88	34316.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34316.88	34316.88
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 (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34316.88	34316.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34316.88	34316.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8275.00	8275.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8275.00	8275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CTC Action

A. Sadownick, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Jenness St
 City State Zip Code
 State MA
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Care Manager LifeCare Advocates LLC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2020
Transaction ID : CDR-000000000123202
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Krummel, Jens, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43-25 47th Street #C36
 City State Zip Code
 State NY
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Teacher City of New York
 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
 01 / 04 / 2020
Transaction ID : CDR-000000000123204
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Grossman, Stanley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 3rd Avenue 20th Floor
 City State Zip Code
 State NY
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Attorney Pomerantz LLP
 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
 01 / 07 / 2020
Transaction ID : CDR-000000000123205
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CTC Action

A. person, leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 392 Central Park W
 City State Zip Code
 State NY
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) attorney Occupation (for Individual) U.S. Government
 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
01 / 11 / 2020
Transaction ID : CDR-000000000123208
 Amount of Each Receipt this Period
500.00
 Memo Item

B. Bernstein, Jan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Evergreen Row
 City State Zip Code
 State NY
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawyer Occupation (for Individual) Pace Women's Justice Center
 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
01 / 27 / 2020
Transaction ID : CDR-000000000123231
 Amount of Each Receipt this Period
500.00
 Memo Item

C. Stewart, Frances, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4407 Maple Ave.
 City State Zip Code
 State MD
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) physician Occupation (for Individual) US DoD
 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
02 / 15 / 2020
Transaction ID : CDR-000000000123242
 Amount of Each Receipt this Period
250.00
 Memo Item

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:	PAGE 8 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CTC Action

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Stewart, Frances, , ,

Mailing Address 4407 Maple Ave.

City _____ State MD Zip Code _____

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

Name of Employer (for Individual) physician Occupation (for Individual) US DoD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ _____ 350.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2020

Transaction ID : **CDR-000000000123243**

Amount of Each Receipt this Period
_____ 100.00

Memo Item

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

Mailing Address 40 Ocean Parkway #3H

City _____ State NY Zip Code _____

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ _____ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2020

Transaction ID : **CDR-000000000123258**

Amount of Each Receipt this Period
_____ 250.00

Memo Item

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

Mailing Address 310 W 107TH ST

City _____ State NY Zip Code _____

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ _____ 250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2020

Transaction ID : **CDR-000000000123285**

Amount of Each Receipt this Period
_____ 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	_____ 600.00
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 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CTC Action

A. Barrett, Malinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Mendham Ave
 City State Zip Code
 State NY Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 College instructor JobSTAR wcc
 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
 03 / 08 / 2020
Transaction ID : CDR-000000000123286
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. McNamara, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 W 104 St Apt. 15D
 City State Zip Code
 State NY Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Attorney Davis Wright
 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
 03 / 08 / 2020
Transaction ID : CDR-000000000123287
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Pinkel, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Riverside Drive Apt 12B
 City State Zip Code
 State NY Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Not Employed Not Employed
 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
 03 / 12 / 2020
Transaction ID : CDR-000000000123301
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	4600.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)
CTC Action

A. BARBANEL-FRIED, ADAM , , ,

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement: Expenses Incurred

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 250.00

Memo Item

B. Binder, Ainslie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 159 Maple St

City Brooklyn State NY Zip Code 11225

Purpose of Disbursement: Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 1845.70

Memo Item

C. Smolenski, Carol, , ,

Full Name (Last, First, Middle Initial)

Mailing Address Information Requested

City State Zip Code

Purpose of Disbursement: Expenses incurred by volunteer

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 22 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 705.79

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2801.49

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
CTC Action

Full Name (Last, First, Middle Initial)
A. Delaware Valley University

Mailing Address 700 E Butler Ave

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Space Rental

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 03 / 2020

FEC Identification Number

Transaction ID : CDD-0000000
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. Binder, Ainslie, , ,

Mailing Address 159 Maple St

City Brooklyn State NY Zip Code 11225

Purpose of Disbursement
Expenses Incurred

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 04 / 2020

FEC Identification Number

Transaction ID : CDD-0000000
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C. BARBANEL-FRIED, ADAM , , ,

Mailing Address

City State Zip Code

Purpose of Disbursement
Expenses Incurred

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 04 / 2020

FEC Identification Number

Transaction ID : CDD-0000000
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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)
CTC Action

A. Information Requested

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Rent and Copier Use

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 20 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 450.30

Memo Item

B. Of By For, Inc,

Full Name (Last, First, Middle Initial)

Mailing Address 315 Nassau St

City State Zip Code
Princeton NJ 08540

Purpose of Disbursement
PAC Fundraising Consultant

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 24 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 750.00

Memo Item

C. IDEALIST.ORG

Full Name (Last, First, Middle Initial)

Mailing Address 389 5th Ave

City State Zip Code
New York NY 10016

Purpose of Disbursement
Information Requested

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 25 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 95.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1295.30

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
CTC Action

Full Name (Last, First, Middle Initial) A. Campisano, Kathleen , , ,		Date of Disbursement MM / DD / YYYY 02 / 25 / 2020	
Mailing Address 1349 N Cherokee Ave		FEC Identification Number C [REDACTED] Transaction ID : CDD-0000000 Amount of Each Disbursement this Period [REDACTED] 190.94	
City Los Angeles	State CA	Zip Code 90028	Category/ Type 001
Purpose of Disbursement printing expenses incurred by a Volunteer			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BARBANEL-FRIED, ADAM , , ,		Date of Disbursement MM / DD / YYYY 02 / 27 / 2020	
Mailing Address		FEC Identification Number C [REDACTED] Transaction ID : CDD-0000000 Amount of Each Disbursement this Period [REDACTED] 1302.30	
City	State	Zip Code	Category/ Type 001
Purpose of Disbursement Expenses Incurred			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BBAAAC		Date of Disbursement MM / DD / YYYY 02 / 28 / 2020	
Mailing Address		FEC Identification Number C [REDACTED] Transaction ID : CDD-0000000 Amount of Each Disbursement this Period [REDACTED] 300.00	
City	State	Zip Code	Category/ Type 001
Purpose of Disbursement Space Rental			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1793.24
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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)
CTC Action

A. BBAAAC

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Space Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 300.00

Memo Item

B. BARBANEL-FRIED, ADAM , , ,

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Expenses Incurred

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 2432.17

Memo Item

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Change of Address Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 02 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 1.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2733.22

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
CTC Action

A. Information Requested

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y
03		02		2020

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement
Payroll Batch

001

C

Transaction ID : CDD-0000000
Amount of Each Disbursement this Period

Candidate Name

10414.40

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

State:

District:

B. Campisano, Kathleen , , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1349 N Cherokee Ave

M M M	/	D D D	/	Y Y Y Y Y
03		03		2020

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement
Space Rental in Bucks County, PA

007

C

Transaction ID : CDD-0000000
Amount of Each Disbursement this Period

Candidate Name

97.98

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

State:

District:

C. Of By For, Inc,

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 315 Nassau St

M M M	/	D D D	/	Y Y Y Y Y
03		03		2020

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement
Consultant

001

C

Transaction ID : CDD-0000000
Amount of Each Disbursement this Period

Candidate Name

750.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

State:

District:

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

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

11262.38

--

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

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

FOR LINE NUMBER:
(check only one)

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

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)
CTC Action

A. Campisano, Kathleen , , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1349 N Cherokee Ave

City Los Angeles State CA Zip Code 90028

Purpose of Disbursement Expenses Incurred for February canvass

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 819.74

Memo Item

B. Staples

Full Name (Last, First, Middle Initial)

Mailing Address

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement Information Requested

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 112.75

Memo Item

C. Information Requested

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Information Requested

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 25 / 2020

FEC Identification Number: C

Transaction ID : CDD-0000000

Amount of Each Disbursement this Period: 1754.64

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2687.13

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
CTC Action

A. Information Requested Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		Date of Disbursement MM / DD / YYYY 01 / 24 / 2020
Purpose of Disbursement ANALYSIS SERVICE CHARGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		FEC Identification Number C Transaction ID : CDD-0000000 Amount of Each Disbursement this Period 17.04 <input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

B. Information Requested Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		Date of Disbursement MM / DD / YYYY 02 / 05 / 2020
Purpose of Disbursement Payroll Batch Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		FEC Identification Number C Transaction ID : CDD-0000000 Amount of Each Disbursement this Period 10414.40 <input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

C. Information Requested Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		Date of Disbursement MM / DD / YYYY 02 / 21 / 2020
Purpose of Disbursement ANALYSIS SERVICE CHARGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		FEC Identification Number C Transaction ID : CDD-0000000 Amount of Each Disbursement this Period 22.26 <input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

SUBTOTAL of Disbursements This Page (optional)..... ▶	10453.70
TOTAL This Period (last page this line number only)..... ▶	[]

