

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 Seventh Avenue
#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 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 in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2019 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019

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 01 / 27 / 2020

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									
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**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="2019"/>	<input type="text" value="28258.44"/>	<input type="text" value="28258.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27592.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="55013.29"/>	<input type="text" value="134568.11"/>
(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="82606.25"/>	<input type="text" value="162826.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="63038.62"/>	<input type="text" value="143258.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19567.63"/>	<input type="text" value="19567.63"/>
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).....	50586.05	125133.47
(ii) Unitemized	4427.24	6934.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	55013.29	132068.11
(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)	55013.29	132068.11
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	2500.00
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)).....▶	55013.29	134568.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	55013.29	134568.11

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	63038.62	143258.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	63038.62	143258.92
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)) ..	63038.62	143258.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63038.62	143258.92

DETAILED SUMMARY PAGE
of Disbursements

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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)	55013.29	132068.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55013.29	132068.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	63038.62	143258.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63038.62	143258.92

**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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Alger, Alexandra , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Tompkins Pl
 City Brooklyn State NY Zip Code 11231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 16 / 2019**
Transaction ID : SA11AI.4951
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

B. Anna Squires Levine, Eytan Kurshan and, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 Lincoln Place First Floor
 City Brooklyn State NY Zip Code 11216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Fly Louie COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 27 / 2019**
Transaction ID : SA11AI.5018
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Azara, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 east 73 street
 City New york State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 359.11

Date of Receipt **12 / 08 / 2019**
Transaction ID : SA11AI.5085
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2850.00
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 7 OF 32
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Baum, Roberta, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2019
Mailing Address 24 Tompkins Place		Transaction ID : SA11AI.5161
City Brooklyn	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bergman, Paul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2019
Mailing Address xxxxx		Transaction ID : SA11AI.5155
City Brooklyn	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bieler, Gloria, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2019
Mailing Address 2black walnut rd		Transaction ID : SA11AI.5012
City ScarsdaleScarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self	Occupation (for Individual) Psychotherapist	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1500.00	

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 8 OF 32
	<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)
CTC Action

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bitkower, David, , ,			Date of Receipt
Mailing Address 4327 Albemarle St., NW			<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2019"/>
City Washington	State DC	Zip Code 20016	Transaction ID : SA11AI.5105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bradley, Joann, , ,			Date of Receipt
Mailing Address			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2019"/>
City	State	Zip Code	Transaction ID : SA11AI.4953
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item Contribution
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 of Individual (Last, First, Middle Initial) or Full Organization Name C. Braun, Jeff, , ,			Date of Receipt
Mailing Address 1177 Sixth Avenue			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2019"/>
City New York	State NY	Zip Code 10036	Transaction ID : SA11AI.5028
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) Kramer Levin		Occupation (for Individual) Lawyer	<input type="checkbox"/> Memo Item
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"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3500.00"/>
TOTAL 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 9 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CTC Action

A. Brown, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 392 Dean Street
 City Brooklyn State NY Zip Code 11217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aspen Equities Occupation (for Individual) Real estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 17 / 2019
Transaction ID : SA11AI.5047
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Cobin, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1594 Grantham Street
 City St Paul State MN Zip Code 55108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt 08 / 13 / 2019
Transaction ID : SA11AI.4977
 Amount of Each Receipt this Period 2000.00
 Memo Item
 Contribution

C. Cobin, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1594 Grantham Street
 City St Paul State MN Zip Code 55108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 9000.00

Date of Receipt 11 / 14 / 2019
Transaction ID : SA11AI.5011
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 10 OF 32
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Geballe, Shelley, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2019
Mailing Address 19 Flying Point Rd		Transaction ID : SA11AI.5007
City Branford	State CT	Zip Code 06405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7500.00
Name of Employer (for Individual) Yale University	Occupation (for Individual) Teacher	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GOLDENBERG, ALEXANDER, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 44 Prospect Park West, Apt D6		Transaction ID : SA11AI.5109
City Brooklyn	State NY	Zip Code 11215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Cuti Hecker Wang LLP	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Goldstein, Amy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2019
Mailing Address 4067 Branches Lane		Transaction ID : SA11AI.5137
City Brooklyn	State NY	Zip Code 11201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 259.11
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 259.11	

SUBTOTAL of Receipts This Page (optional).....▶	8259.11
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 11 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CTC Action

A. Goldstein, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4067 Branches Lane
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 278.05

Date of Receipt 09 / 07 / 2019
Transaction ID : SA11AI.5138
 Amount of Each Receipt this Period 18.94
 Memo Item

B. Goldstein, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4067 Branches Lane
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.99

Date of Receipt 09 / 07 / 2019
Transaction ID : SA11AI.5139
 Amount of Each Receipt this Period 18.94
 Memo Item

C. Harrison, Wayde, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2019
Transaction ID : SA11AI.4955
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 537.88
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 12 OF 32
	<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	

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hebron, Robert, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2019
Mailing Address 75 Livingston St			Transaction ID : SA11AI.4963
City Brooklyn	State NY	Zip Code 11201	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Ingram and Hebron Realty		Occupation (for Individual) Real Estate Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Holman, Mary Beth, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2019
Mailing Address 61 Park Street, #5F			Transaction ID : SA11AI.5163
City Brooklyn	State NY	Zip Code 11231	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Imowitz, Mark, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 06 / 2019
Mailing Address			Transaction ID : SA11AI.4970
City	State	Zip Code	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	

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 13 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CTC Action

A. Ingram and Hebron Realty Corp.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Montague St
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2019
Transaction ID : SA11AI.4967
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Landsman, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 251 West 99th Street
 City New York City State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Lucky Bean Productions writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.25

Date of Receipt 07 / 10 / 2019
Transaction ID : SA11AI.5177
 Amount of Each Receipt this Period 25.00
 Memo Item

C. McKenna, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Times Square
 City New York State NY Zip Code 10036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Proskauer Rose Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2019
Transaction ID : SA11AI.5020
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
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 14 OF 32
<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

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NAME OF COMMITTEE (In Full)
CTC Action

A. Mills, Nancy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1854 ingleside Terrace, NW

City Washington	State DC	Zip Code 20010
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2019

Transaction ID : SA11AI.5166

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1854 ingleside Terrace, NW

City Washington	State DC	Zip Code 20010
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
827.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2019

Transaction ID : SA11AI.5144

Amount of Each Receipt this Period
517.91

Memo Item

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

Mailing Address 1854 ingleside Terrace, NW

City Washington	State DC	Zip Code 20010
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
852.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

Transaction ID : SA11AI.5130

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	792.91
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 15 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CTC Action

A. Mills, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1854 ingleside Terrace, NW
 City Washington State DC Zip Code 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 904.98

Date of Receipt **10 / 20 / 2019**
Transaction ID : SA11AI.5122
 Amount of Each Receipt this Period 52.07
 Memo Item

B. Mills, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1854 ingleside Terrace, NW
 City Washington State DC Zip Code 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1422.89

Date of Receipt **11 / 20 / 2019**
Transaction ID : SA11AI.5118
 Amount of Each Receipt this Period 517.91
 Memo Item

C. Owen, Penny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Baltic Street
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 254.14

Date of Receipt **07 / 03 / 2019**
Transaction ID : SA11AI.5183
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 719.98
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 16 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CTC Action

A. Owen, Penny, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Baltic Street

City Brooklyn	State NY	Zip Code 11201
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2019

Transaction ID : SA11AI.5149

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 19 Baltic Street

City Brooklyn	State NY	Zip Code 11201
------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
354.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2019

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 19 Baltic Street

City Brooklyn	State NY	Zip Code 11201
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
404.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2019

Transaction ID : SA11AI.5127

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 17 OF 32
	<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	

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Owen, Penny, , ,			Date of Receipt MM / DD / YYYY 11 / 03 / 2019 Transaction ID : SA11AI.5121
Mailing Address 19 Baltic Street			Amount of Each Receipt this Period 50.00
City Brooklyn	State NY	Zip Code 11201	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 454.14	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Owen, Penny, , ,			Date of Receipt MM / DD / YYYY 12 / 03 / 2019 Transaction ID : SA11AI.5115
Mailing Address 19 Baltic Street			Amount of Each Receipt this Period 50.00
City Brooklyn	State NY	Zip Code 11201	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 504.14	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Perry, Duane, , ,			Date of Receipt MM / DD / YYYY 10 / 27 / 2019 Transaction ID : SA11AI.5026
Mailing Address 1347 Rose Glen Rd			Amount of Each Receipt this Period 1500.00
City Gladwyne	State PA	Zip Code 19035	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1500.00	
Name of Employer (for Individual) The Food Trust		Occupation (for Individual) City Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 18 OF 32
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Plevan, Kenneth, , ,		Date of Receipt
Mailing Address 1111 Park Avenue		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City New York	State NY	Zip Code 10126
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4990
Name of Employer (for Individual) Skadden Arps		Occupation (for Individual) Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Plevan, William, , ,		Date of Receipt
Mailing Address 800 WEST END AVENUE, #2A		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2019"/>
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5038
Name of Employer (for Individual)		Occupation (for Individual) Rabbi and teacher
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1535.51"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RADWELL, SETH, , ,		Date of Receipt
Mailing Address 132 E 16TH ST		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2019"/>
City NEW YORK	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5016
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed
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"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5750.00"/>
TOTAL 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 19 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CTC Action

A. Rifkin, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 Columbia Heights
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 22 / 2019**
Transaction ID : SA11AI.5098
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Sadownik, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34, Jenness St
 City Quincy State MA Zip Code 02169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Upham's Corner Health Center Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1017.91

Date of Receipt **07 / 16 / 2019**
Transaction ID : SA11AI.4959
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

C. Sandownick, Cara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address xxxxx
 City Brooklyn State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 29 / 2019**
Transaction ID : SA11AI.5157
 Amount of Each Receipt this Period 250.00
 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 20 OF 32
<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

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NAME OF COMMITTEE (In Full)
CTC Action

A. Schiff, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Prospect Park West, Apartment 1
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 517.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019
Transaction ID : SA11AI.5179
 Amount of Each Receipt this Period
 517.91
 Memo Item

B. Schneider, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address xxxxx
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2019
Transaction ID : SA11AI.5159
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Sheehan, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Times Square
 City New York State NY Zip Code 10036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Skadden Arps Attorney
 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
 10 / 27 / 2019
Transaction ID : SA11AI.5022
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1767.91
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 21 OF 32
	<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)
CTC Action

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. shelanski, vivien, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2019
Mailing Address 241 kane st		Transaction ID : SA11AI.5075
City Kings Countybrooklyn	State NY	Zip Code 11231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) JAMS	Occupation (for Individual) Attorney-Mediator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sissman, Julie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2019
Mailing Address 372 Central Park West APT 14 P		Transaction ID : SA11AI.5125
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Thomases, Josh, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 06 / 2019
Mailing Address 135 Washington Avenue		Transaction ID : SA11AI.5181
City Brooklyn	State NY	Zip Code 11205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 22 OF 32
	<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	

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NAME OF COMMITTEE (In Full)
CTC Action

A. Thomases, Josh, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 Washington Avenue

City Brooklyn	State NY	Zip Code 11205
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2019

Transaction ID : SA11AI.5148

Amount of Each Receipt this Period
103.50

Memo Item

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

Mailing Address 135 Washington Avenue

City Brooklyn	State NY	Zip Code 11205
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
372.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : SA11AI.5140

Amount of Each Receipt this Period
18.94

Memo Item

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

Mailing Address 135 Washington Avenue

City Brooklyn	State NY	Zip Code 11205
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
472.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2019

Transaction ID : SA11AI.5126

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	222.44
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 23 OF 32
	<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	

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NAME OF COMMITTEE (In Full)
CTC Action

A. Thomases, Josh, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 Washington Avenue

City Brooklyn	State NY	Zip Code 11205
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
491.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2019

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
18.94

Memo Item

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

Mailing Address 135 Washington Avenue

City Brooklyn	State NY	Zip Code 11205
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : SA11AI.5114

Amount of Each Receipt this Period
18.94

Memo Item

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

Mailing Address 132 Amity Street

City Brooklyn	State NY	Zip Code 11201
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
880.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2019

Transaction ID : SA11AI.5169

Amount of Each Receipt this Period
259.11

Memo Item

SUBTOTAL of Receipts This Page (optional).....	296.99
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 24 OF 32
	(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

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. TURNER, Sandra, , ,

Mailing Address 132 Amity Street

City Brooklyn	State NY	Zip Code 11201
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
983.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : SA11AI.5147

Amount of Each Receipt this Period
103.83

Memo Item

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

Mailing Address 132 Amity Street

City Brooklyn	State NY	Zip Code 11201
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
993.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2019

Transaction ID : SA11AI.5131

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 287-20th St

City Brooklyn	State NY	Zip Code 11215
------------------	-------------	-------------------

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

Name of Employer (for Individual) Vineyard Theatre	Occupation (for Individual) Literary Manager
---	---

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
12		10		2019

Transaction ID : SA11AI.5006

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	5113.83
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 25 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CTC Action

A. Witten, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Bergen Street
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 26 / 2019
Transaction ID : SA11AI.4980
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

B. Young, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Clinton Street
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2019
Transaction ID : SA11AI.5031
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	50586.05

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name (Last, First, Middle Initial)

A. Act Blue

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

FEC Identification Number

Transaction ID : SB21B.5190
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Barbanel-Fried, Adam, , ,

Mailing Address 123 Seventh Avenue #168

City Brooklyn State NY Zip Code 11215

Purpose of Disbursement
Reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 31 / 2019

FEC Identification Number

Transaction ID : SB21B.4988
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Barbanel-Fried, Adam, , ,

Mailing Address 123 Seventh Avenue #168

City Brooklyn State NY Zip Code 11215

Purpose of Disbursement
Reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 31 / 2019

FEC Identification Number

Transaction ID : SB21B.4989
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

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name (Last, First, Middle Initial) A. Barbanel-Fried, Adam, , ,			Date of Disbursement MM / DD / YYYY 11 / 22 / 2019		
Mailing Address 123 Seventh Avenue #168			FEC Identification Number C [REDACTED] Transaction ID : SB21B.4998		
City Brooklyn	State NY	Zip Code 11215	Amount of Each Disbursement this Period [REDACTED] 716.70		
Purpose of Disbursement Reimbursement		Category/Type 001	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Barbanel-Fried, Adam, , ,			Date of Disbursement MM / DD / YYYY 12 / 24 / 2019		
Mailing Address 123 Seventh Avenue #168			FEC Identification Number C [REDACTED] Transaction ID : SB21B.5005		
City Brooklyn	State NY	Zip Code 11215	Amount of Each Disbursement this Period [REDACTED] 159.05		
Purpose of Disbursement Reimbursement		Category/Type 001	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Berger, Naomi, , ,			Date of Disbursement MM / DD / YYYY 11 / 08 / 2019		
Mailing Address 2718 E 27th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B.4993		
City Kings County	State NY	Zip Code 11235	Amount of Each Disbursement this Period [REDACTED] 257.45		
Purpose of Disbursement Office supplies		Category/Type 001	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

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

[REDACTED] 1133.20
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name (Last, First, Middle Initial) A. Binder, Ainslie, , ,		Date of Disbursement MM / DD / YYYY 08 / 07 / 2019	
Mailing Address 123 7th Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4972 Amount of Each Disbursement this Period [REDACTED] 250.00	
City Brooklyn	State NY	Zip Code 11216	Category/ Type 001
Purpose of Disbursement Consulting work			
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. Binder, Ainslie, , ,		Date of Disbursement MM / DD / YYYY 09 / 05 / 2019	
Mailing Address 123 7th Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4984 Amount of Each Disbursement this Period [REDACTED] 250.00	
City Brooklyn	State NY	Zip Code 11216	Category/ Type 001
Purpose of Disbursement Consulting			
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. Binder, Ainslie, , ,		Date of Disbursement MM / DD / YYYY 11 / 22 / 2019	
Mailing Address 123 7th Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4997 Amount of Each Disbursement this Period [REDACTED] 0.00	
City Brooklyn	State NY	Zip Code 11216	Category/ Type 001
Purpose of Disbursement Consulting			
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] 500.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name (Last, First, Middle Initial) A. Community Labor Administrative Services, Inc.		Date of Disbursement MM / DD / YYYY 08 / 08 / 2019
Mailing Address One Metrotech Center North 11th Fl		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4974
City Brooklyn	State NY	Zip Code 11201
Purpose of Disbursement Administrative Consulting		Amount of Each Disbursement this Period [REDACTED] 605.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Community Labor Administrative Services, Inc.		Date of Disbursement MM / DD / YYYY 08 / 08 / 2019
Mailing Address One Metrotech Center North 11th Fl		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4976
City Brooklyn	State NY	Zip Code 11201
Purpose of Disbursement Personnel - Adam Barbanel Fried		Amount of Each Disbursement this Period [REDACTED] 4903.64
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Community Labor Administrative Services, Inc.		Date of Disbursement MM / DD / YYYY 10 / 08 / 2019
Mailing Address One Metrotech Center North 11th Fl		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4991
City Brooklyn	State NY	Zip Code 11201
Purpose of Disbursement Personnel - Adam Barbanel Fried		Amount of Each Disbursement this Period [REDACTED] 10414.40
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 15923.04
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name (Last, First, Middle Initial)

A. Community Labor Administrative Services, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2019			

Mailing Address One Metrotech Center North
11th Fl

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement
Personnel - Adam Barbanel Fried

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B.4992
Amount of Each Disbursement this Period
10414.40

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Memo Item

Full Name (Last, First, Middle Initial)

B. Community Labor Administrative Services, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2019			

Mailing Address One Metrotech Center North
11th Fl

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement
Personnel - Adam Barbanel Fried

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B.5001
Amount of Each Disbursement this Period
10000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Memo Item

Full Name (Last, First, Middle Initial)

C. Community Labor Administrative Services, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2019			

Mailing Address One Metrotech Center North
11th Fl

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement
Personnel - Adam Barbanel Fried

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B.5002
Amount of Each Disbursement this Period
414.40

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Memo Item

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

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

20828.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CTC Action

Full Name (Last, First, Middle Initial)
A. Community Labor Administrative Services, Inc.

Date of Disbursement: / /

Mailing Address: One Metrotech Center North, 11th Fl

City: Brooklyn, State: NY, Zip Code: 11201

Purpose of Disbursement: Personnel - Adam Barbanel Fried
Candidate Name: _____
Category/Type:

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

State: _____ District: _____

FEC Identification Number:
Transaction ID : **SB21B.5003**
Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
B. Community Labor Administrative Services, Inc.

Date of Disbursement: / /

Mailing Address: One Metrotech Center North, 11th Fl

City: Brooklyn, State: NY, Zip Code: 11201

Purpose of Disbursement: Personnel - Adam Barbanel Fried
Candidate Name: _____
Category/Type:

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

State: _____ District: _____

FEC Identification Number:
Transaction ID : **SB21B.5004**
Amount of Each Disbursement this Period:
 Memo Item

Full Name (Last, First, Middle Initial)
C. Donnelly, David, , ,

Date of Disbursement: / /

Mailing Address: _____

City: _____, State: _____, Zip Code: _____

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

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

State: _____ District: _____

FEC Identification Number:
Transaction ID : **SB21B.4985**
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

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NAME OF COMMITTEE (In Full)
CTC Action

A. Donnelly, David, , ,

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 20 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.4994**

Amount of Each Disbursement this Period: 750.00

Memo Item

B. Simply Fresh by McCaffrey's

Full Name (Last, First, Middle Initial)

Mailing Address 200 W State St

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
event catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 29 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.4999**

Amount of Each Disbursement this Period: 220.49

Memo Item

C. Stripe

Full Name (Last, First, Middle Initial)

Mailing Address 185 Berry Street Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Merchant fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 31 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.5189**

Amount of Each Disbursement this Period: 237.05

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1207.54
TOTAL This Period (last page this line number only).....▶	62760.31