

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

SALGADO FOR CONGRESS

ADDRESS (number and street)

2502 86TH STREET, 3RD FL.

Check if different
than previously
reported. (ACC)

BROOKLYN

NY

11214

2. FEC IDENTIFICATION NUMBER ▼

C

C00559872

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 / 24 / 2014in the
State of

NY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2014

through

M M / D D / Y Y Y Y
06 / 04 / 2014

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

Type or Print Name of Treasurer YURY S. ROZEL

Signature of Treasurer

YURY S. ROZEL

[Electronically Filed]

Date

M M / D D / Y Y Y Y
06 / 09 / 2014

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

SALGADO FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5600.00	8600.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5600.00	8600.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8199.00	8199.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8199.00	8199.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	401.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 12

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

SALGADO FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

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

4600.00

4600.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

4600.00

4600.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

1000.00

4000.00

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

5600.00

8600.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

5600.00

8600.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8199.00	8199.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8199.00	8199.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5600.00
25. SUBTOTAL (add Line 23 and Line 24).....	8600.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8199.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	401.00

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

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

FOR LINE NUMBER: PAGE 5 OF 12
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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)
SALGADO FOR CONGRESS

Full Name (Last, First, Middle Initial) JOSUE B. AYALA		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 1546 39TH STREET APT. 2R		Transaction ID : SA11AI.4110
City BROOKLYN	State NY	
Zip Code 11218		Amount of Each Receipt this Period <div>1000.00</div>
FEC ID number of contributing federal political committee. C		
Name of Employer RCN BROADCASTING, INC.	Occupation SALES REPRESENTATIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>1000.00</div>	

Full Name (Last, First, Middle Initial) JOSUE B. AYALA		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 1546 39TH STREET APT. 2R		Transaction ID : SA11AI.4111
City BROOKLYN	State NY	
Zip Code 11218		Amount of Each Receipt this Period <div>1000.00</div>
FEC ID number of contributing federal political committee. C		
Name of Employer RCN BROADCASTING, INC.	Occupation SALES REPRESENTATIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2000.00</div>	

Full Name (Last, First, Middle Initial) JOSUE B. AYALA		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 1546 39TH STREET APT. 2R		Transaction ID : SA11AI.4124
City BROOKLYN	State NY	
Zip Code 11218		Amount of Each Receipt this Period <div>600.00</div>
FEC ID number of contributing federal political committee. C		
Name of Employer RCN BROADCASTING, INC.	Occupation SALES REPRESENTATIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2600.00</div>	

SUBTOTAL of Receipts This Page (optional).....	<div>2600.00</div>
TOTAL This Period (last page this line number only).....	<div></div>

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

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

FOR LINE NUMBER: PAGE 6 OF 12
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SALGADO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) DERICK SALGADO		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 72 JOHN STREET 2ND FL. City State Zip Code STATEN ISLAND NY 10302		Transaction ID : SA11AI.4126	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RCN BROADCASTING, INC.	Occupation RADIO OPERATOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) SONIA M. SALGADO		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 72 JOHN STREET 2ND FL.. City State Zip Code STATEN ISLAND NY 10302		Transaction ID : SA11AI.4127	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RADIO CANTICO NUEVO	Occupation SECRETARY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address City State Zip Code			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		2000.00	
TOTAL This Period (last page this line number only).....		4600.00	

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
SALGADO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) ERICK J. SALGADO		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 72 JOHN STREET, 2ND FL.		Transaction ID : SA11D.4136	
City STATEN ISLAND	State NY	Zip Code 10302	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RCN BROADCASTING, INC.	Occupation MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		1000.00	
TOTAL This Period (last page this line number only).....		1000.00	

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

PAGE 8 OF 12

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

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NAME OF COMMITTEE (In Full)

SALGADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. OGECHI AMADI

Mailing Address 45 WARREN STREET APT. 1A

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
STATEN ISLAND	NY	10304

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement
PETITION COLLECTION

007

Transaction ID : SB17.4143

Candidate Name

SALGADO FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 11

Full Name (Last, First, Middle Initial)

B. KIEIM BRYANT

Mailing Address 95 BOWEN STREET, APT. 207

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
STATEN ISLAND	NY	10304

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
PETITION COLLECTION

007

Transaction ID : SB17.4146

Candidate Name

SALGADO FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 11

Full Name (Last, First, Middle Initial)

C. MARITZA R CHAVEZ

Mailing Address 2300 GRAND CONCOURSE APT. 3F

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
BRONX	NY	10458

Amount of Each Disbursement this Period

230.00

Purpose of Disbursement
Petition collection

007

Transaction ID : SB17.4132

Candidate Name

SALGADO FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 11

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

980.00

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

PAGE 9 OF 12

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

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NAME OF COMMITTEE (In Full)

SALGADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MARITZA R CHAVEZ

Mailing Address 2300 GRAND CONCOURSE APT. 3F

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

City	State	Zip Code
BRONX	NY	10458

Amount of Each Disbursement this Period

140.00

Purpose of Disbursement
Petition collection

007

Transaction ID : SB17.4133

Candidate Name

SALGADO FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 11

Full Name (Last, First, Middle Initial)

B. FRED J DAVIS

Mailing Address 182 WARD AVENUE 1ST FL.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
STATEN ISLAND	NY	10304

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
PETITION COLLECTION

007

Transaction ID : SB17.4142

Candidate Name

SALGADO FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 11

Full Name (Last, First, Middle Initial)

C. DERRENCE KELLMAN

Mailing Address 51 STUDIO LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

City	State	Zip Code
STATEN ISLAND	NY	10304

Amount of Each Disbursement this Period

480.00

Purpose of Disbursement
PETITION COLLECTION

007

Transaction ID : SB17.4149

Candidate Name

SALGADO FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 11

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

1120.00

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

PAGE 10 OF 12

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

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NAME OF COMMITTEE (In Full)

SALGADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FRANCI MONTERO

Mailing Address 175 FIELD PLACE APT. 3C

City	State	Zip Code
BRONX	NY	10468

Purpose of Disbursement
PETITION COLLECTION

007

Candidate Name

SALGADO FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

230.00

Transaction ID : SB17.4147

B. FRANCI MONTERO

Mailing Address 175 FIELD PLACE APT. 3C

City	State	Zip Code
BRONX	NY	10468

Purpose of Disbursement
PETITION COLLECTION

007

Candidate Name

SALGADO FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

140.00

Transaction ID : SB17.4148

C. GARY S POPKIN

Mailing Address 849 PRESIDENT STREET

City	State	Zip Code
BROOKLYN	NY	11215

Purpose of Disbursement
Petition collection

007

Candidate Name

SALGADO FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

599.00

Transaction ID : SB17.4140

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

969.00

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

PAGE 11 OF 12

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

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NAME OF COMMITTEE (In Full)

SALGADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROZEL & HAYKIN CPA, PC

Mailing Address 2502 86TH STREET, 3RD FL.

City	State	Zip Code
BROOKLYN	NY	11214

Purpose of Disbursement
Treasures Compensation

001

Category/
Type

Candidate Name

SALGADO FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4139

B. ROZEL & HAYKIN CPA, PC

Mailing Address 2502 86TH STREET, 3RD FL.

City	State	Zip Code
BROOKLYN	NY	11214

Purpose of Disbursement
Treasurer's compensation

001

Category/
Type

Candidate Name

SALGADO FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4153

C. WILLIAM L TAITT

Mailing Address 46 ANDROS AVE

City	State	Zip Code
STATEN ISLAND	NY	10303

Purpose of Disbursement
PETITION COLLECTION

007

Category/
Type

Candidate Name

SALGADO FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NY District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4144

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

3500.00

