

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Green Party of New York State

ADDRESS (number and street) 616A Larchmont Acres
 Check if different than previously reported. (ACC)
Larchmont NY 10538

2. **FEC IDENTIFICATION NUMBER** C00318907
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 09 30 2006

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 Mr. Paul Thomas Culley

Signature of Treasurer Electronically Filed by Mr. Paul Thomas Culley Date 06 25 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Green Party of New York State

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		2665.11
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	6104.59									
(c) Total Receipts (from Line 19)	7542.42	12986.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13647.01	15651.13								
7. Total Disbursements (from Line 31)	12655.50	14659.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	991.51	991.51								
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									

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
Green Party of New York State

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	7036.74	10676.74
(i) Itemized (use Schedule A)	0.00	150.00
(ii) Unitemized	7036.74	10826.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	462.50
(b) Political Party Committees	0.00	1191.10
(c) Other Political Committees (such as PACs)	0.00	12480.34
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	279.00	279.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	226.68	226.68
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	226.68	226.68
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7542.42	12986.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7315.74	12759.34

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	11111.50	12761.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	11111.50	12761.56
22. Transfers to Affiliated/Other Party Committees.....	1100.00	1100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	444.00	798.06
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	12655.50	14659.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12655.50	14659.62

DETAILED SUMMARY PAGE
of Disbursements

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)	7036.74	12480.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7036.74	12480.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11111.50	12761.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	279.00	279.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10832.50	12482.56

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

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

FOR LINE NUMBER: PAGE 6 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Green Party of New York State

A. Full Name (Last, First, Middle Initial)
Unitemized contribution

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11A1.4148

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Unitemized contribution

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3751.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.4149

Amount of Each Receipt this Period
751.00

C. Full Name (Last, First, Middle Initial)
Unitemized contribution

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4779.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 04 / 2006

Transaction ID: SA11A1.4150

Amount of Each Receipt this Period
1028.00

SUBTOTAL of Receipts This Page (optional) ► **2779.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<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)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Unitemized contribution		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address		Transaction ID: SA11A1.4151	
City State Zip Code		Amount of Each Receipt this Period 963.74	
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) ▼		Aggregate Year-to-Date ▼ 5742.74	

Full Name (Last, First, Middle Initial) B. Unitemized contribution		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address		Transaction ID: SA11A1.4152	
City State Zip Code		Amount of Each Receipt this Period 95.00	
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) ▼		Aggregate Year-to-Date ▼ 5837.74	

Full Name (Last, First, Middle Initial) C. Unitemized contribution		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address		Transaction ID: SA11A1.4153	
City State Zip Code		Amount of Each Receipt this Period 845.00	
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) ▼		Aggregate Year-to-Date ▼ 6682.74	

SUBTOTAL of Receipts This Page (optional) ▶	1903.74
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<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)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Unitemized contribution		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address City State Zip Code		Transaction ID: SA11A1.4155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 410.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 7092.74	

Full Name (Last, First, Middle Initial) B. Unitemized contribution		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address City State Zip Code		Transaction ID: SA11A1.4156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 7142.74	

Full Name (Last, First, Middle Initial) C. Unitemized contribution		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address City State Zip Code		Transaction ID: SA11A1.4157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 794.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 7936.74	

SUBTOTAL of Receipts This Page (optional) ▶	1254.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Green Party of New York State

A. Full Name (Last, First, Middle Initial)
Unitemized contribution

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8146.74

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: SA11A1.4162

Amount of Each Receipt this Period
210.00

B. Full Name (Last, First, Middle Initial)
Unitemized contribution

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8671.74

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: SA11A1.4163

Amount of Each Receipt this Period
525.00

C. Full Name (Last, First, Middle Initial)
Unitemized contribution

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8801.74

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: SA11A1.4164

Amount of Each Receipt this Period
130.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 23	
	(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"/> 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)
Green Party of New York State

A. Full Name (Last, First, Middle Initial)
Unitemized contribution

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9315.74

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2006

Transaction ID: SA11A1.4166

Amount of Each Receipt this Period
235.00

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line number only)	▶	7036.74

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 23	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Green Party of New York State

A. Full Name (Last, First, Middle Initial)
Unitemized contribution

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9080.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	6

Transaction ID: SA15.4208

Amount of Each Receipt this Period
279.00

Unitemized cash received at meeting

SUBTOTAL of Receipts This Page (optional)	▶	279.00
TOTAL This Period (last page this line number only)	▶	279.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Louis Bardel		Transaction ID: SB21B.4197 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 217 Swinterton St.		Amount of Each Disbursement this Period 216.00	
City Staten Island State NY Zip Code 10307	Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 420.00		

Full Name (Last, First, Middle Initial) B. Patrick Collins		Transaction ID: SB21B.4217 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 1420 DeKalb Ave, #3R		Amount of Each Disbursement this Period 420.00	
City Brooklyn State NY Zip Code 11237	Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 240.00		

Full Name (Last, First, Middle Initial) C. Ms Michele Danels		Transaction ID: SB21B.4179 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 6	
Mailing Address 70 Wyckoff Ave Loft 26		Amount of Each Disbursement this Period 240.00	
City Brooklyn State NY Zip Code 11217	Purpose of Disbursement <input type="checkbox"/> Category/Type		
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:	Amount of Each Disbursement this Period 876.00		

SUBTOTAL of Disbursements This Page (optional) ▶	876.00
TOTAL This Period (last page this line number only) ▶	876.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Ms Michele Danels		Transaction ID: SB21B.4196 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address 70 Wyckoff Ave Loft 26		Amount of Each Disbursement this Period 240.00	
City Brooklyn State NY Zip Code 11217	Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Ann Eagan		Transaction ID: SB21B.4182 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 39-51 46th St.		Amount of Each Disbursement this Period 240.00	
City Sunnyside State NY Zip Code 11104	Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Ann Eagan		Transaction ID: SB21B.4184 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address 39-51 46th St.		Amount of Each Disbursement this Period 72.00	
City Sunnyside State NY Zip Code 11104	Purpose of Disbursement	Category/Type	
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) ▶	552.00
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)

PAGE 14 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Judith Einach		Transaction ID: SB21B.4169 Date of Disbursement MM / DD / YYYY 07 / 10 / 2006	
Mailing Address 19 Penfield St		Amount of Each Disbursement this Period 1000.00	
City Buffalo State NY Zip Code 14213	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Judith Einach		Transaction ID: SB21B.4172 Date of Disbursement MM / DD / YYYY 07 / 25 / 2006	
Mailing Address 19 Penfield St		Amount of Each Disbursement this Period 1000.00	
City Buffalo State NY Zip Code 14213	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Judith Einach		Transaction ID: SB21B.4178 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006	
Mailing Address 19 Penfield St		Amount of Each Disbursement this Period 500.00	
City Buffalo State NY Zip Code 14213	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Judith Einach		Transaction ID: SB21B.4200 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 19 Penfield St		Amount of Each Disbursement this Period 1000.00	
City Buffalo	State NY	Zip Code 14213	
Purpose of Disbursement		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Judith Einach		Transaction ID: SB21B.4201 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006	
Mailing Address 19 Penfield St		Amount of Each Disbursement this Period 500.00	
City Buffalo	State NY	Zip Code 14213	
Purpose of Disbursement		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Gerald Kann		Transaction ID: SB21B.4175 Date of Disbursement MM / DD / YYYY 08 / 06 / 2006	
Mailing Address 25 -- 60 42nd St Apt 1		Amount of Each Disbursement this Period 480.00	
City Astoria	State NY	Zip Code 11103	
Purpose of Disbursement		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1980.00
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Mr. Gerald Kann		Transaction ID: SB21B.4181 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 25 -- 60 42nd St Apt 1		Amount of Each Disbursement this Period 480.00
City Astoria State NY Zip Code 11103		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) B. Mr. Gerald Kann		Transaction ID: SB21B.4185 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 25 -- 60 42nd St Apt 1		Amount of Each Disbursement this Period 480.00
City Astoria State NY Zip Code 11103		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) C. Mr. Gerald Kann		Transaction ID: SB21B.4199 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 25 -- 60 42nd St Apt 1		Amount of Each Disbursement this Period 480.00
City Astoria State NY Zip Code 11103		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶	1440.00
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Priority Press		Transaction ID: SB21B.4173 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 61 B Tec St		Amount of Each Disbursement this Period 2304.50
City Hicksville	State NY	
Zip Code 11801		
Purpose of Disbursement		
Candidate Name		Category/Type
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. Timothy Saunders		Transaction ID: SB21B.4194 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 40282		Amount of Each Disbursement this Period 240.00
City Rochester	State NY	
Zip Code 14604		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Unitemized disbursements		Transaction ID: SB21B.4171 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 26.00
City	State	
Zip Code		
Purpose of Disbursement		
Candidate Name		Category/Type
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) ▶	2570.50
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Green Party of New York State

A. Full Name (Last, First, Middle Initial) Mike Welch		Transaction ID: SB21B.4190 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address		Amount of Each Disbursement this Period 900.00	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

B. Full Name (Last, First, Middle Initial) Ian Wilder		Transaction ID: SB21B.4192 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address 11 Edmunton Drive		Amount of Each Disbursement this Period 125.00	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ►

1025.00

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

10943.50

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Green Party Office Committee		Transaction ID: SB22.4167	
Mailing Address 35 East 1 Street		Date of Disbursement 08 / 25 / 2006	
City New York	State NY	Zip Code 10003	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
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. Social Action Center		Transaction ID: SB22.4215	
Mailing Address Pine West Plaza, Building #2 Washington Ave. Ext		Date of Disbursement 08 / 25 / 2006	
City Albany	State NY	Zip Code 12205	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement		Category/ Type	
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)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	1100.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Green Party of New York State

Full Name (Last, First, Middle Initial) A. Curry House Restaurant		Transaction ID: SB29.4207 Date of Disbursement
Mailing Address 1112 Madison St		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City Albany	State NY	Zip Code 12208
Purpose of Disbursement	<input type="text" value="295.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Unitemized disbursements		Transaction ID: SB29.4189 Date of Disbursement
Mailing Address		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text" value="64.00"/>	
Candidate Name	Category/Type	
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. Unitemized disbursements		Transaction ID: SB29.4202 Date of Disbursement
Mailing Address		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text" value="85.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="444.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="444.00"/>

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 Green Party of New York State

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Unitemized contribution	M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	180.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		0.00	Transaction ID: H3.4161
ii) Generic Voter Drive			Transaction ID:
iii) Exempt Activities			Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred for Direct Fundraising			
v) Direct Candidate Support (List of Activity or Event Identifier)			
a) _____			Transaction ID:
b) _____			Transaction ID:
c) Total Amount Transferred For Direct Candidate Support			
vi) Public Communications Referring Only to Party (Made by PAC)			Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Green Party of New York State

NAME OF ACCOUNT
 Unitemized contribu-
 tion

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 8 / 2 9 / 2 0 0 6

TOTAL AMOUNT TRANSFERRED

46.68

BREAKDOWN OF TRANSFER RECEIVED

i) **Total Administrative**

0.00

Transaction ID: H3.4158

ii) **Generic Voter Drive**

Transaction ID:

iii) **Exempt Activities**

Transaction ID:

iv) **Direct Fundraising** (List Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) **Direct Candidate Support** (List of Activity or Event Identifier)

a) _____

Transaction ID:

b) _____

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) **Public Communications Referring Only to Party** (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

0.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

226.68

Image# 27930853603

Form/Schedule: **F3XN**

Transaction ID:

I am filing this report in a good faith effort to get the Green Party of New York State's reports current using information I have been given by the previous treasurer. I have discovered discrepancies in these records and I am working to obtain complete and correct information. I will file an amended report as soon as I ascertain the correct information. Paul Culley, Treasurer, GPNYS
