

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

CTC Action

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

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

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

C C00661264 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2023 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2023

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 / D D / Y Y Y Y Y Y 07 / 31 / 2023

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)

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="2023"/>	<input type="text" value="75382.37"/>	<input type="text" value="75382.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="75382.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3674.53"/>	<input type="text" value="3674.53"/>
(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="79056.90"/>	<input type="text" value="79056.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75063.32"/>	<input type="text" value="75063.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3993.58"/>	<input type="text" value="3993.58"/>
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).....	2485.40	2485.40
(ii) Unitemized	1054.52	1054.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3539.92	3539.92
(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)	3539.92	3539.92
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.).....	134.61	134.61
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)).....▶	3674.53	3674.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3674.53	3674.53

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	6563.32	6563.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6563.32	6563.32
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).....	68500.00	68500.00
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)) ..	75063.32	75063.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75063.32	75063.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3539.92	3539.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3539.92	3539.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<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. Sadownick, 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) LifeCare Advocates Occupation (for Individual) Aging Life Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.96

Date of Receipt 06 / 22 / 2023
Transaction ID : CDR-000000001406083
 Amount of Each Receipt this Period 77.95
 Memo Item

B. Sadownick, 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) LifeCare Advocates Occupation (for Individual) Aging Life Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.96

Date of Receipt 04 / 22 / 2023
Transaction ID : CDR-000000001219428
 Amount of Each Receipt this Period 77.95
 Memo Item

C. Sadownick, 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) LifeCare Advocates Occupation (for Individual) Aging Life Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.96

Date of Receipt 05 / 22 / 2023
Transaction ID : CDR-000000001350433
 Amount of Each Receipt this Period 77.95
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<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. Sadownick, 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) LifeCare Advocates Occupation (for Individual) Aging Life Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.96

Date of Receipt 01 / 14 / 2023
Transaction ID : CDR-000000001163659
 Amount of Each Receipt this Period 81.26
 Memo Item

B. Sadownick, 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) LifeCare Advocates Occupation (for Individual) Aging Life Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.96

Date of Receipt 01 / 22 / 2023
Transaction ID : CDR-000000001165330
 Amount of Each Receipt this Period 77.95
 Memo Item

C. Sadownick, 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) LifeCare Advocates Occupation (for Individual) Aging Life Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.96

Date of Receipt 02 / 22 / 2023
Transaction ID : CDR-000000001179234
 Amount of Each Receipt this Period 77.95
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	237.16
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 13
	<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. Sadownick, 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) LifeCare Advocates Occupation (for Individual) Aging Life Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.96

Date of Receipt 03 / 22 / 2023
Transaction ID : CDR-000000001193707
 Amount of Each Receipt this Period 77.95
 Memo Item

B. Plevan, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 W End Ave, # 2A
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) self-employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1036.44

Date of Receipt 04 / 10 / 2023
Transaction ID : CDR-000000001208506
 Amount of Each Receipt this Period 259.11
 Memo Item

C. Plevan, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 W End Ave, # 2A
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) self-employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1036.44

Date of Receipt 01 / 10 / 2023
Transaction ID : CDR-000000001162325
 Amount of Each Receipt this Period 259.11
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	596.17
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 9 OF 13
	<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. Plevan, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 W End Ave, # 2A
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) self-employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1036.44

Date of Receipt 02 / 10 / 2023
Transaction ID : CDR-000000001175360
 Amount of Each Receipt this Period 259.11
 Memo Item

B. Plevan, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 W End Ave, # 2A
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) self-employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1036.44

Date of Receipt 03 / 10 / 2023
Transaction ID : CDR-000000001188138
 Amount of Each Receipt this Period 259.11
 Memo Item

C. McDonald, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Pierrepont St
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advertising Research Foundation Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2023
Transaction ID : CDR-000000001403559
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 618.22
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 10 OF 13
	<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. McDonald, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Pierrepoint St
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advertising Research Foundation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2023
Transaction ID : CDR-000000001275579
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. McDonald, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Pierrepoint St
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advertising Research Foundation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2023
Transaction ID : CDR-000000001216200
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. McDonald, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Pierrepoint St
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advertising Research Foundation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2023
Transaction ID : CDR-000000001164329
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 11 OF 13
	(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

A. McDonald, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Pierrepoint St
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advertising Research Foundation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 18 / 2023
Transaction ID : CDR-000000001178238
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McDonald, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Pierrepoint St
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advertising Research Foundation Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 18 / 2023
Transaction ID : CDR-000000001191950
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Dumais, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 474 16th St
 City Brooklyn State NY Zip Code 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Social Work
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2023
Transaction ID : CDR-000000001160058
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	2485.40

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. CTC Action

Mailing Address 470 Vanderbilt Ave, FI 9

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement Placeholder

001
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:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2023

FEC Identification Number

C
Transaction ID : CDD-0000000
Amount of Each Disbursement this Period
6395.92

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

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:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

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:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

6395.92
6395.92

**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 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 checked="" 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. WFP National PAC		Date of Disbursement MM / DD / YYYY 06 / 23 / 2023
Mailing Address 77 Sands Street 6th Fl		FEC Identification Number C [REDACTED] Transaction ID : CDD-0000000 Amount of Each Disbursement this Period 63500.00
City New York	State NY	Zip Code 11201
Purpose of Disbursement Contribution to "non-contribution account"		012 Category/ Type
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. CTC For Progress		Date of Disbursement MM / DD / YYYY 03 / 31 / 2023
Mailing Address 123 7th Ave		FEC Identification Number C [REDACTED] Transaction ID : CDD-0000000 Amount of Each Disbursement this Period 2500.00
City New York	State NY	Zip Code 10011
Purpose of Disbursement Donation		012 Category/ Type
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. CTC For Progress		Date of Disbursement MM / DD / YYYY 05 / 17 / 2023
Mailing Address 123 7th Ave		FEC Identification Number C [REDACTED] Transaction ID : CDD-0000000 Amount of Each Disbursement this Period 2500.00
City New York	State NY	Zip Code 10011
Purpose of Disbursement Donation		012 Category/ Type
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).....▶	68500.00
TOTAL This Period (last page this line number only).....▶	68500.00