



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**GREEN PARTY OF NEW YORK STATE**

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="2013"/>		11054.45
(b) Cash on Hand at Beginning of Reporting Period.....	10999.52	
(c) Total Receipts (from Line 19) .....	2708.70	7714.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13708.22	18768.59
7. Total Disbursements (from Line 31).....	12096.37	17156.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1611.85	1611.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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: 07 / 01 / 2013 To: 12 / 31 / 2013

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).....	280.00	1113.00
(ii) Unitemized .....	1493.50	5665.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1773.50	6778.94
(b) Political Party Committees .....	935.20	935.20
(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) .....	2708.70	7714.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2708.70	7714.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2708.70	7714.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	11271.37	13512.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11271.37	13512.99
22. Transfers to Affiliated/Other Party Committees.....	825.00	3393.75
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	12096.37	17156.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12096.37	17156.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	2708.70	7714.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2708.70	7714.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11271.37	13512.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11271.37	13512.99

**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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**GREEN PARTY OF NEW YORK STATE**

**A. Ethan Bodnaruk**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 Maryland Avenue

City Syracuse State NY Zip Code 13210

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2013

**Transaction ID : SA11AI.6898**

Amount of Each Receipt this Period  
 20.00

**B. Ethan Bodnaruk**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 Maryland Avenue

City Syracuse State NY Zip Code 13210

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : SA11AI.6899**

Amount of Each Receipt this Period  
 20.00

**C. Samuel Caquias**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Oak Drive

City Middletown State NY Zip Code 10940

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

Name of Employer Occupation  
 Westchester Medical Center Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2013

**Transaction ID : SA11AI.6902**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**GREEN PARTY OF NEW YORK STATE**

**A. Samuel Caquias**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Oak Drive

City Middletown State NY Zip Code 10940

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

Name of Employer Westchester Medical Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2013

**Transaction ID : SA11AI.6900**

Amount of Each Receipt this Period  
**10.00**

**B. Samuel Caquias**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Oak Drive

City Middletown State NY Zip Code 10940

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

Name of Employer Westchester Medical Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2013

**Transaction ID : SA11AI.6903**

Amount of Each Receipt this Period  
**25.00**

**C. Samuel Caquias**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Oak Drive

City Middletown State NY Zip Code 10940

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

Name of Employer Westchester Medical Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2013

**Transaction ID : SA11AI.6901**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**GREEN PARTY OF NEW YORK STATE**

**A. Samuel Caquias**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Oak Drive

City Middletown State NY Zip Code 10940

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

Name of Employer Westchester Medical Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2013

**Transaction ID : SA11AI.6904**

Amount of Each Receipt this Period  
 25.00

**B. Samuel Caquias**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Oak Drive

City Middletown State NY Zip Code 10940

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

Name of Employer Westchester Medical Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2013

**Transaction ID : SA11AI.7030**

Amount of Each Receipt this Period  
 10.00

**C. Samuel Caquias**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Oak Drive

City Middletown State NY Zip Code 10940

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

Name of Employer Westchester Medical Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2013

**Transaction ID : SA11AI.6905**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial) <b>A. Samuel Caquias</b>		Date of Receipt
Mailing Address 10 Oak Drive		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City Middletown	State NY	Zip Code 10940
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7031</b>
Name of Employer Westchester Medical Center	Occupation Registered Nurse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Samuel Caquias</b>		Date of Receipt
Mailing Address 10 Oak Drive		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Middletown	State NY	Zip Code 10940
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6906</b>
Name of Employer Westchester Medical Center	Occupation Registered Nurse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Samuel Caquias</b>		Date of Receipt
Mailing Address 10 Oak Drive		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City Middletown	State NY	Zip Code 10940
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7032</b>
Name of Employer Westchester Medical Center	Occupation Registered Nurse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
	<input type="text" value="360.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> 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 10 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial) <b>A. Samuel Caquias</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2013 <b>Transaction ID : SA11AI.6907</b>
Mailing Address 10 Oak Drive		Amount of Each Receipt this Period 25.00
City Middletown	State NY	Zip Code 10940
FEC ID number of contributing federal political committee. C		
Name of Employer Westchester Medical Center	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>B. Samuel Caquias</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2013 <b>Transaction ID : SA11AI.7033</b>
Mailing Address 10 Oak Drive		Amount of Each Receipt this Period 10.00
City Middletown	State NY	Zip Code 10940
FEC ID number of contributing federal political committee. C		
Name of Employer Westchester Medical Center	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>C. James Lane</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 <b>Transaction ID : SA11AI.6977</b>
Mailing Address 269 12th Street		Amount of Each Receipt this Period 20.00
City Brooklyn	State NY	Zip Code 11215
FEC ID number of contributing federal political committee. C		
Name of Employer 24/7 Media	Occupation Senior Director, Client Solutions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> 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 19  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Daniella Liebling**  
Full Name (Last, First, Middle Initial)

Mailing Address 269 12th St.  
Apt.1

City Brooklyn State NY Zip Code 11215

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

Name of Employer both self-employed Occupation social worker/multi-media consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
09 / 28 / 2013  
Transaction ID : SA11AI.6983

Amount of Each Receipt this Period  
10.00

**B.**  
Full Name (Last, First, Middle Initial)

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 ▼

Date of Receipt

Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)

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 ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10.00
<b>TOTAL</b> This Period (last page this line number only).....▶	280.00

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

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

FOR LINE NUMBER: PAGE 12 OF 19  
(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	---	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)  
**GREEN PARTY OF NEW YORK STATE**

**A. GREEN PARTY OF THE UNITED STATES**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 18452

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00370221

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.20

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2013  
**Transaction ID : SA11B.7029**

Amount of Each Receipt this Period  
935.20

**B.**  
Full Name (Last, First, Middle Initial)  
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 ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
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 ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	935.20
<b>TOTAL</b> This Period (last page this line number only).....▶	935.20

**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"/> 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

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**

Full Name (Last, First, Middle Initial)

**A. Joseph J Duffy**

Mailing Address 65 SCOTT ST

City State Zip Code  
HORNELL NY 14843

Purpose of Disbursement  
Campaign Donation

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7059**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. First Prebysterian Church of Rensselaer**

Mailing Address 34 Broadway

City State Zip Code  
Renssler NY 12144

Purpose of Disbursement  
Meeting Space

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7046**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Free Stina Christina Gonzalez**

Mailing Address P.O. Box 634 Audubon Station

City State Zip Code  
New York NY 10032

Purpose of Disbursement  
Campaign Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7061**

Amount of Each Disbursement this Period

**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"/> 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

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**

Full Name (Last, First, Middle Initial)

**A. Friends of Lynne Serpe**

Mailing Address 8-42 Astoria Boulevard #2R

City Astoria State NY Zip Code 11102

Purpose of Disbursement  
Campaign Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7062**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of Peter LaVenia**

Mailing Address 1019 Park Ave, Rear Apt.

City Schenectady State NY Zip Code 12308

Purpose of Disbursement  
Campaign Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7060**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Green Party of Brooklyn**

Mailing Address 467 Pacific street, Apt. 6

City Brooklyn State NY Zip Code 11217

Purpose of Disbursement  
State Sharing Funds

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7070**

Amount of Each Disbursement this Period

**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"/> 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

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**

Full Name (Last, First, Middle Initial)

**A. GREEN PARTY OF NASSAU COUNTY**

Mailing Address 560 Long Beach Road Apt 2

City State Zip Code  
Island Park NY 11558

Purpose of Disbursement  
State Sharing Funds

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7065**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. GREEN PARTY OF NEW YORK COUNTY**

Mailing Address 2611 FREDERICK DOUGLAS BLVD  
Apt 5g

City State Zip Code  
NEW YORK NY 10030

Purpose of Disbursement  
State Sharing Funds

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7071**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Green Party of Onondaga**

Mailing Address P.O. Box 562

City State Zip Code  
Syracuse NY 13205

Purpose of Disbursement  
State Sharing Funds

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.7064**

Amount of Each Disbursement this Period

**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"/> 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

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**

Full Name (Last, First, Middle Initial)

**A. Green Rochester**

Mailing Address 891 Monroe Ave

City Rochester State NY Zip Code 14620

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2013			

Transaction ID : SB21B.7063

Amount of Each Disbursement this Period

3300.00
---------

Full Name (Last, First, Middle Initial)

**B. HAWKINS FOR COUNCIL**

Mailing Address P.O. Box 562

City Syracuse State NY Zip Code 13205

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2013			

Transaction ID : SB21B.7057

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KINANECO PRINTING SYSTEMS**

Mailing Address 2925 MILTON AVENUE

City SYRACUSE State NY Zip Code 13209

Purpose of Disbursement  
Fundraising Mailing

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2013			

Transaction ID : SB21B.7073

Amount of Each Disbursement this Period

1530.33
---------

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

5830.33
---------

**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"/> 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

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**

Full Name (Last, First, Middle Initial)

**A. KINANECO PRINTING SYSTEMS**

Mailing Address 2925 MILTON AVENUE

City SYRACUSE State NY Zip Code 13209

Purpose of Disbursement  
Fundraising Mailing

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7074**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Postmaster, Syracuse, NY**

Mailing Address 5640 E TAFT RD

City Syracuse State NY Zip Code 13220

Purpose of Disbursement  
Postage

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7076**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Darin Robbins**

Mailing Address 78 Sterling St.

City Corning State NY Zip Code 14830

Purpose of Disbursement  
Campaign Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.7058**

Amount of Each Disbursement this Period

**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"/> 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

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**

Full Name (Last, First, Middle Initial)

**A. Karen Young**

Mailing Address 554A Monroe St #1

City Brooklyn State NY Zip Code 11221

Purpose of Disbursement  
National Meeting Expenses

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	2		2	0	1	3		

Transaction ID : SB21B.7045

Amount of Each Disbursement this Period

3	4	2	.	0	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--

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

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

3	4	2	.	0	2
---	---	---	---	---	---

1	0	8	3	9	.	9	1
---	---	---	---	---	---	---	---

# 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 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

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**

Full Name (Last, First, Middle Initial)

### A. Green Party of Onondaga

Mailing Address P.O. Box 562

City Syracuse State NY Zip Code 13205

Purpose of Disbursement  
State Sharing Funds

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	5		2	0	1	3		

Transaction ID : SB22.7037

Amount of Each Disbursement this Period

825.00

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

825.00

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

825.00