

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 420 East 117th Street, Apt. 2  
 Check if different than previously reported. (ACC) New York NY 10035

2. **FEC IDENTIFICATION NUMBER** ▼ C C00542761 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
NY 13

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)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of  

(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

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. Mark J Weinstein

Signature of Treasurer Mr. Mark J Weinstein [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 27 / 2016

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

Write or Type Committee Name

**Adam Clayton Powell for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	<b>COLUMN A This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="30014.00"/>	<input type="text" value="144833.51"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="1000.00"/>	<input type="text" value="1400.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="29014.00"/>	<input type="text" value="143433.51"/>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="29417.13"/>	<input type="text" value="99687.81"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="191.60"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="29417.13"/>	<input type="text" value="99496.21"/>
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<input type="text" value="77017.09"/>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<input type="text" value="0.00"/>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Adam Clayton Powell for Congress**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21473.00	118261.51
(ii) Unitemized.....	3541.00	21072.00
(iii) TOTAL of contributions from individuals ▶	25014.00	139333.51
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30014.00	144833.51
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	191.60
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	30014.00	145025.11

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29417.13	99687.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1400.00
21. OTHER DISBURSEMENTS .....	0.00	2046.75
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	30417.13	103134.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	77420.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30014.00
25. SUBTOTAL (add Line 23 and Line 24).....	107434.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30417.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	77017.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mohammad Iqbal Ali**

Mailing Address 8805 Albert Rd

City Ozone Park State NY Zip Code 11417-2708

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

Name of Employer Ow Occupation Pharmacy

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VN8JRE628F4**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **17814.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VN8JRE628F4E**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 1901 Madison Ave Apt 304

City New York State NY Zip Code 10035-2729

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

Name of Employer N.Y.C.H.A. Occupation Maintenance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VN8JRE3JBH5**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mohamed Bashir**

Mailing Address 244 E 51st St

City State Zip Code  
New York NY 10022-6599

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

Name of Employer Occupation  
Karizma Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 30 2015

**Transaction ID : VN8JRE6JNY3**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 30 2015

**Transaction ID : VN8JRE6JNY3E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 421 E 119th St

City State Zip Code  
New York NY 10035-3627

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

Name of Employer Occupation  
J-Bar Reinforcement Inc. Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 30 2015

**Transaction ID : VN8JRE6JCQ9**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VN8JRE6JCQ9E**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Isa Brija**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2289 1st Ave  
 Apt 1  
 City New York State NY Zip Code 10035-5079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Patsy's Owner  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VN8JRE6JDT5**  
 Amount of Each Receipt this Period  
 500.00

**C. Rosa Collado**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6121 Glade Ave  
 Apt 315  
 City Woodland Hills State CA Zip Code 91367-3538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 City of Los Angeles City Government  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VN8JRE6KRR1**  
 Amount of Each Receipt this Period  
 200.00  
 \* Earmarked Contribution: See Below

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE6KRR1E**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Victor M. Curet CPCU**

Mailing Address 475 Calle Cesar Gonzalez

City San Juan State PR Zip Code 00918-2637

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

Name of Employer Occupation  
Self-Employed Insurance Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : VN8JRE5W6Y9**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 9010 Pickwick Village Ter

City Silver Spring State MD Zip Code 20901-3838

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

Name of Employer Occupation  
Self-Employed Independent Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : VN8JRE590D2**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mariano De Socarraz**

Mailing Address 1651 S Le Jeune Rd

City Miami State FL Zip Code 33134-3836

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

Name of Employer Coreplus Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : VN8JRE5WF85**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : VN8JRE5WF85E**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 2248 76th St

City East Elmhurst State NY Zip Code 11370-1205

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

Name of Employer NYC Dept. of Education Occupation Speech Pathologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : VN8JRE5ZWM1**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sheldon Fox**

Mailing Address 3458 Lawrence Ave

City Oceanside State NY Zip Code 11572-5429

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

Name of Employer Foxy Management Ltd Occupation President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VN8JRE5XKZ2**

Amount of Each Receipt this Period  
2200.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VN8JRE5XKZ2E**

Amount of Each Receipt this Period  
2200.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 123 State St

City Albany State NY Zip Code 12207-1622

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

Name of Employer Self-Employed Occupation Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2015

**Transaction ID : VN8JRE653W6**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

2450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2015  
**Transaction ID : VN8JRE653W6E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Carlos Garcia Flores**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address H17 Calle Yagrumo  
 Urb. Caparra Hills  
 City Guaynabo State PR Zip Code 00968-3124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CGF Insurance, LLC Insurance Agent  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : VN8JRE5W6FQ3**  
 Amount of Each Receipt this Period  
 1000.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : VN8JRE5W6FQ3E**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. Michael Goldfine CPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Clark St  
 Apt C4  
 City Brooklyn State NY Zip Code 11201-2374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Goldfine & Company CPAs Occupation Principal  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015  
**Transaction ID : VN8JRE6G379**  
 Amount of Each Receipt this Period  
 250.00  
 \* Earmarked Contribution: See Below

**B. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015  
**Transaction ID : VN8JRE6G379E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C. Armando Guzman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 423 Ontario St  
 City Ronkonkoma State NY Zip Code 11779-5109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kraus Management Inc Property Manager  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VN8JRE6JSE6**  
 Amount of Each Receipt this Period  
 250.00  
 \* Earmarked Contribution: See Below

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : VN8JRE6JSE6E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 3224 Gunther Ave

City Bronx State NY Zip Code 10469-3112

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

Name of Employer Occupation  
Archcare - Terrence Cardinal Cooke Director of Nursing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : VN8JRE58SH8**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : VN8JRE58SH8E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Jackson**

Mailing Address 499 Fort Washington Ave  
Apt 3A

City State Zip Code  
New York NY 10033-4678

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

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE6N074**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE6N074E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 5727 Aladdin St

City State Zip Code  
Los Angeles CA 90008-1002

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

Name of Employer Occupation  
Fruit of the Vine, Inc. Actor/Producer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : VN8JRE6JE94**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VN8JRE6JE94E**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Charlie Jr. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2076 5th Ave  
 Apt B  
 City New York State NY Zip Code 10035-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Warburg Realty Licensed Associate Real Estate Broker  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015  
**Transaction ID : VN8JRE601V6**  
 Amount of Each Receipt this Period  
 250.00

**C. Peter Mamais**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 256 W 124th St  
 City New York State NY Zip Code 10027-4927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mamais Contracting Corp Vice President  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : VN8JRE5XK57**  
 Amount of Each Receipt this Period  
 250.00  
 \* Earmarked Contribution: See Below

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : VN8JRE5XK57E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Peter Mamais**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 256 W 124th St  
 City New York State NY Zip Code 10027-4927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mamais Contracting Corp Vice President  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VN8JRE6JBT3**  
 Amount of Each Receipt this Period  
 250.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VN8JRE6JBT3E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Antonio C. Martinez II Esq.**

Mailing Address 119 Olcott Ave

City State Zip Code  
Croton On Hudson NY 10520-2534

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

Name of Employer Occupation  
Gerstman Schwartz Malito LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**153.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		27		2015

**Transaction ID : VN8JRE3JF91**

Amount of Each Receipt this Period  
**16.00**

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**17814.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		27		2015

**Transaction ID : VN8JRE3JF91E**

Amount of Each Receipt this Period  
**16.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Antonio C. Martinez II Esq.**

Mailing Address 119 Olcott Ave

City State Zip Code  
Croton On Hudson NY 10520-2534

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

Name of Employer Occupation  
Gerstman Schwartz Malito LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**169.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		27		2015

**Transaction ID : VN8JRE4ZRM0**

Amount of Each Receipt this Period  
**16.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

**32.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : VN8JRE4ZRM0E**  
 Amount of Each Receipt this Period  
 16.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Antonio C. Martinez II Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Olcott Ave  
 City Croton On Hudson State NY Zip Code 10520-2534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gerstman Schwartz Malito LLP Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 269.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015  
**Transaction ID : VN8JRE60205**  
 Amount of Each Receipt this Period  
 100.00

**C. Antonio C. Martinez II Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Olcott Ave  
 City Croton On Hudson State NY Zip Code 10520-2534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gerstman Schwartz Malito LLP Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015  
**Transaction ID : VN8JRE6EMM1**  
 Amount of Each Receipt this Period  
 16.00  
 \* Earmarked Contribution: See Below

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

116.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015  
**Transaction ID : VN8JRE6EMM1E**  
 Amount of Each Receipt this Period  
 16.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. David Mercado Soto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Box 37500 HC 61  
 City Aguada State PR Zip Code 00602-9878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Merck Medical Representative  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VN8JRE6TGS7**  
 Amount of Each Receipt this Period  
 250.00

**C. MTC Investment Group, LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 Calle Moczo  
 City San Juan State PR Zip Code 00911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VN8JRE7WRB4**  
 Amount of Each Receipt this Period  
 250.00  
 PARTNERSHIP--partners below if itemized

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jose Anibal Santiago Carmona**

Mailing Address 6 Calle Oviedo  
Urb. Torrimar

City Guaynabo State PR Zip Code 00966-3008

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

Name of Employer ASERE Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE7WRC2**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

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

Mailing Address 4260 Broadway  
Apt 204

City New York State NY Zip Code 10033-3753

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

Name of Employer Student Occupation Student

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : VN8JRE601X2**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2628 Broadway  
Apt 10B

City New York State NY Zip Code 10025-5009

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

Name of Employer Self-Employed Occupation Investor / Banking Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : VN8JRE4DM61**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jennifer Ortiz-Monterroso**

Mailing Address 2085 Bartow Ave

City State Zip Code  
Bronx NY 10475-4613

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

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VN8JRE5X1K9**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VN8JRE5X1K9E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Igor Ortiz-Morales Esq.**

Mailing Address PO Box 195083

City State Zip Code  
San Juan PR 00919-5083

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

Name of Employer Occupation  
Ortiz & Ortiz Law Office Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : VN8JRE5WG46**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : VN8JRE5WG46E**  
 Amount of Each Receipt this Period  
 500.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Miguel Padilla IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5084 Montrose Dr  
 City Virginia Beach State VA Zip Code 23464-6413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Federal Civil Service United States  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2015  
**Transaction ID : VN8JRE3VDW7**  
 Amount of Each Receipt this Period  
 500.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2015  
**Transaction ID : VN8JRE3VDW7E**  
 Amount of Each Receipt this Period  
 500.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Plumey**

Mailing Address 1270 5th Ave  
Apt 5D

City New York State NY Zip Code 10029-3420

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

Name of Employer NYC Dept of Buildings Occupation Bronx Deputy Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : VN8JRE6DQG7**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 708 Allerton Ave

City Bronx State NY Zip Code 10467-8218

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

Name of Employer National Neurolabs Occupation Billing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : VN8JRE5ZWN8**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 708 Allerton Ave

City Bronx State NY Zip Code 10467-8218

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

Name of Employer National Neurolabs Occupation Billing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE71PM6**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

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

Mailing Address 420 E 117th St  
Apt 2

City State Zip Code  
New York NY 10035-5029

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

Name of Employer Occupation  
Self-employed Government Affairs Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : VN8JRE601Z7**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Adam C. Powell III**

Mailing Address 1350 Beverly Rd  
Ste 115-251

City State Zip Code  
McLean VA 22101-3961

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

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : VN8JRE6KGV8**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : VN8JRE6KGV8E**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Presberg**

Mailing Address 6121 Glade Ave  
Apt 315

City Woodland Hills State CA Zip Code 91367-3538

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

Name of Employer City of Los Angeles Occupation City Government

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE6KRX0**

Amount of Each Receipt this Period  
200.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE6KRX0E**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 310 Marla Cir

City Riverdale State GA Zip Code 30296-7211

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

Name of Employer BenchMark Mgmt. LLC Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2015

**Transaction ID : VN8JRE6EMR3**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015  
**Transaction ID : VN8JRE6EMR3E**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Brenda Quiles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 NE 2nd St  
 Apt 2137  
 City Boca Raton State FL Zip Code 33432-3908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Homemaker Homemaker  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VN8JRE6N8R4**  
 Amount of Each Receipt this Period  
 250.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VN8JRE6N8R4E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin Robinson**

Mailing Address 122 E 91st St  
Ofc 1

City New York State NY Zip Code 10128-1662

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

Name of Employer Robin Group, LLC Occupation Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VN8JRE5XNZ6**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VN8JRE5XNZ6E**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 115 Ashland Pl  
Apt 12B

City Brooklyn State NY Zip Code 11201-3950

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

Name of Employer WR Investigative Services LLC Occupation Investigator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VN8JRE6M5F8**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VN8JRE6M5F8E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Herman Rodriguez-Bajandas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8907 133rd Ave  
 Apt 3A  
 City Ozone Park State NY Zip Code 11417-2042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Business Owner  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 203.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VN8JRE6KXK3**  
 Amount of Each Receipt this Period  
 50.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VN8JRE6KXK3E**  
 Amount of Each Receipt this Period  
 50.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

50.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Romanoff**

Mailing Address 302A W 12th St  
# 118

City New York State NY Zip Code 10014-7906

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

Name of Employer Absolute Electrical Contracting Occupation Absolute Electrical Contracting

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE6KS04**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE6KS04E**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Hilda E. Rosario Escher**

Mailing Address 708 Beach Ave

City Rochester State NY Zip Code 14612-2026

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

Name of Employer Ibero-American Action League, Inc. Occupation President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

**Transaction ID : VN8JRE44MV5**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Sanchez**

Mailing Address 1020 Warburton Ave  
Apt 10A

City Yonkers State NY Zip Code 10701-1258

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

Name of Employer: EHCHS Boriken Health Center Occupation: CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **580.00**

Date of Receipt: **12 / 10 / 2015**

**Transaction ID : VN8JRE5NGR8**

Amount of Each Receipt this Period: **200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jose Anibal Santiago Carmona**

Mailing Address 6 Calle Oviedo  
Urb. Torrimar

City Guaynabo State PR Zip Code 00966-3008

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

Name of Employer: ASERE Occupation: Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **12 / 31 / 2015**

**Transaction ID : VN8JRE7WR98**

Amount of Each Receipt this Period: **250.00**

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

Mailing Address 131 Lynch St

City Brooklyn State NY Zip Code 11206-4809

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

Name of Employer: Not employed Occupation: Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **225.00**

Date of Receipt: **12 / 31 / 2015**

**Transaction ID : VN8JRE6M652**

Amount of Each Receipt this Period: **25.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

**475.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**

Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VN8JRE6M652E**

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B. Hector M. Soto Ruiz Esq.**

Full Name (Last, First, Middle Initial)  
Hector M. Soto Ruiz Esq.

Mailing Address 81 Carr 174  
Urb.Agustin Stahl

City Bayamon State PR Zip Code 00956-3077

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : VN8JRE5WGK2**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**C. ActBlue**

Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : VN8JRE5WGK2E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fredric Stein**

Mailing Address 11300 Chinn House Dr

City State Zip Code  
Fairfax Station VA 22039-1533

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

Name of Employer Occupation  
US Govt DOT/FAA Aviation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**553.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		02		2015

**Transaction ID : VN8JRE58ZN2**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**17814.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		02		2015

**Transaction ID : VN8JRE58ZN2E**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 22426 92nd Rd

City State Zip Code  
Queens Village NY 11428-1419

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

Name of Employer Occupation  
NYC Transit Station Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**403.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		16		2015

**Transaction ID : VN8JRE601R2**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Keiji Suzuki**

Mailing Address 350 E 65th St  
Apt 21

City State Zip Code  
New York NY 10065-6723

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

Name of Employer Occupation  
Van Club International Travel

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VN8JRE5XAT3**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VN8JRE5XAT3E**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 350 E 65th St  
Apt 21

City State Zip Code  
New York NY 10065-6723

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

Name of Employer Occupation  
Van Club International Travel

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VN8JRE5XAV1**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : VN8JRE5XAV1E**  
 Amount of Each Receipt this Period  
 500.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Yousuf Uddin Syed MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Motor Pkwy  
 City Central Islip State NY Zip Code 11722-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : VN8JRE6DRV7**  
 Amount of Each Receipt this Period  
 100.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Arrow St  
 Ste 11  
 City Cambridge State MA Zip Code 02138-5106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015  
**Transaction ID : VN8JRE6DRV7E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Luis A. Trigo Ferre**

Mailing Address 16 Carrion Ct  
Cond. Carrion Court, Apto 22

City San Juan State PR Zip Code 00911-1265

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

Name of Employer Trigo Corp. Occupation Gerente Planeacion Fisica

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : VN8JRE6DV50**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2048 26th St

City Astoria State NY Zip Code 11105-2916

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : VN8JRE5Y4F2**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : VN8JRE5Y4F2E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 79
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Vasquez**

Mailing Address 1477 Ave Ashford  
Cond. Torre del Mar

City San Juan State PR Zip Code 00907-1582

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

Name of Employer VAB Advisors, LLC Occupation Senior Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : VN8JRE5W6X1**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 13558 Falcon Pointe Dr

City Orlando State FL Zip Code 32837-5306

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

Name of Employer 99 Ways Entertainment Occupation Executive Producer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VN8JRE6M4D2**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
17814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VN8JRE6M4D2E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

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

350.00

21473.00

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

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

FOR LINE NUMBER: PAGE 37 OF 79  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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

NAME OF COMMITTEE (In Full)  
**Adam Clayton Powell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**METAL LATHERS LOCAL 46 PAC**

Mailing Address 1322 3rd Ave

City State Zip Code  
New York NY 10021-3446

FEC ID number of contributing federal political committee. **C** C00421008

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : VN8JRE5WF43**

Amount of Each Receipt this Period  
5000.00

**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)

Election Cycle-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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Altus Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 4235 Broadway		Amount of Each Disbursement this Period 227.11
City New York	State NY	
Zip Code 10033-3707	Purpose of Disbursement 001	<b>Transaction ID : VN7KGA0QQZ1</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Apple Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 1981 Broadway		Amount of Each Disbursement this Period 891.63
City New York	State NY	
Zip Code 10023-5801	Purpose of Disbursement 001	<b>Transaction ID : VN7KGA0PSR3</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Apple Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 1981 Broadway		Amount of Each Disbursement this Period 815.47
City New York	State NY	
Zip Code 10023-5801	Purpose of Disbursement 001	<b>Transaction ID : VN7KGA0PSS1</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1934.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Association for a Better New York</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 355 Lexington Ave FI 18		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : VN7KGA0PT30</b>
City New York State NY Zip Code 10017-6603	Purpose of Disbursement Breakfast Event Candidate Name 012 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Association for a Better New York</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 355 Lexington Ave FI 18		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : VN7KGA0PT48</b>
City New York State NY Zip Code 10017-6603	Purpose of Disbursement Breakfast Event Candidate Name 006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 200 E 86th St		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : VN7KGA0PQ41</b>
City New York State NY Zip Code 10028-3005	Purpose of Disbursement Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	630.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 200 E 86th St		Amount of Each Disbursement this Period 30.00
City New York	State NY	
Zip Code 10028-3005	Purpose of Disbursement	<b>Transaction ID : VN7KGA0PRT8</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 200 E 86th St		Amount of Each Disbursement this Period 30.00
City New York	State NY	
Zip Code 10028-3005	Purpose of Disbursement	<b>Transaction ID : VN7KGA0QPM1</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Avis Rent A Car System, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address Avenida Salvador Caro		Amount of Each Disbursement this Period 560.88
City San Juan	State PR	
Zip Code 00979	Purpose of Disbursement Car Rental	<b>Transaction ID : VN7KGA0QYB9</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	620.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 79		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

**A. Avis Rent A Car System, LLC**

Full Name (Last, First, Middle Initial)  
Avis Rent A Car System, LLC

Mailing Address Avenida Salvador Caro

City San Juan State PR Zip Code 00979

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 25 / 2015

Amount of Each Disbursement this Period  
39.35

Transaction ID : VN7KGA0R2Z4

Category/Type  
002

**B. Benjamin Franklin Reform Democratic Club**

Full Name (Last, First, Middle Initial)  
Benjamin Franklin Reform Democratic Club

Mailing Address 304 W 231st St

City Bronx State NY Zip Code 10463-3805

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 02 / 2015

Amount of Each Disbursement this Period  
250.00

Transaction ID : VN7KGA0R0G2

Category/Type  
012

**C. Benjamin Franklin Reform Democratic Club**

Full Name (Last, First, Middle Initial)  
Benjamin Franklin Reform Democratic Club

Mailing Address 304 W 231st St

City Bronx State NY Zip Code 10463-3805

Purpose of Disbursement  
Donation at Annual Club Christmas Event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 16 / 2015

Amount of Each Disbursement this Period  
20.00

Transaction ID : VN7KGA0R0F4

Category/Type  
012

**SUBTOTAL** of Disbursements This Page (optional)..... 309.35

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cuba Rum Bar &amp; Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2015
Mailing Address 222 Thompson St		Amount of Each Disbursement this Period 98.75
City New York	State NY	
Zip Code 10012-1363	Purpose of Disbursement	Transaction ID : VN7KGA0PQB6
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Del Frisco's Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 1221 Avenue Of The Americas		Amount of Each Disbursement this Period 344.21
City New York	State NY	
Zip Code 10020-1001	Purpose of Disbursement	Transaction ID : VN7KGA0PRX1
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Del Frisco's Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 1221 Avenue Of The Americas		Amount of Each Disbursement this Period 6368.75
City New York	State NY	
Zip Code 10020-1001	Purpose of Disbursement Fundraising Event	Transaction ID : VN7KGA0QPG0
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6811.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Debra Fields</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 405 W 149th St Apt 3J		Amount of Each Disbursement this Period 50.00
City New York	State NY	
Zip Code 10031-2807	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0QPF2</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Jose Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 2265 Olinville Ave Apt 5E		Amount of Each Disbursement this Period 1000.00
City Bronx	State NY	
Zip Code 10467-7828	Purpose of Disbursement	<b>Transaction ID : VN7KGA0QZ36</b>
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Guantanamera NYC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address 939 8th Ave		Amount of Each Disbursement this Period 165.33
City New York	State NY	
Zip Code 10019-4264	Purpose of Disbursement	<b>Transaction ID : VN7KGA0PT63</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1215.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Home Sweet Harlem Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2015
Mailing Address 1528 Amsterdam Ave New York NY10031		Amount of Each Disbursement this Period 272.19 <b>Transaction ID : VN7KGA0PSV6</b>
City New York State NY Zip Code 10031-8940	Purpose of Disbursement Clergy Breakfast Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hosteria Del Mar</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2015
Mailing Address 1 Calle Tapia		Amount of Each Disbursement this Period 229.99 <b>Transaction ID : VN7KGA0QPA2</b>
City San Juan State PR Zip Code 00911-1447	Purpose of Disbursement Travel Expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Hosteria Del Mar</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 1 Calle Tapia		Amount of Each Disbursement this Period 6.69 <b>Transaction ID : VN7KGA0QPB0</b>
City San Juan State PR Zip Code 00911-1447	Purpose of Disbursement Travel Expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	508.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jet Blue Airways</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015	
Mailing Address 2701 Queens Plz N			Amount of Each Disbursement this Period 596.20	
City Long Island City	State NY	Zip Code 11101-4020	Transaction ID : VN7KGA0PPZ2	
Purpose of Disbursement National Conference of Puerto Rican Diaspora		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Jet Blue Airways</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015	
Mailing Address 2701 Queens Plz N			Amount of Each Disbursement this Period 333.60	
City Long Island City	State NY	Zip Code 11101-4020	Transaction ID : VN7KGA0PQA9	
Purpose of Disbursement Travel Expenses		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Jet Blue Airways</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015	
Mailing Address 2701 Queens Plz N			Amount of Each Disbursement this Period 292.60	
City Long Island City	State NY	Zip Code 11101-4020	Transaction ID : VN7KGA0PSG0	
Purpose of Disbursement Travel Expenses		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1222.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Railroad Passenger Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 234 West 31st Street			Amount of Each Disbursement this Period 176.00 <b>Transaction ID : VN7KGA0PS13</b>
City New York	State NY	Zip Code 10001-2802	
Purpose of Disbursement Travel Expenses		Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. National Railroad Passenger Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 234 West 31st Street			Amount of Each Disbursement this Period 8.50 <b>Transaction ID : VN7KGA0R2Y6</b>
City New York	State NY	Zip Code 10001-2802	
Purpose of Disbursement Travel Expenses		Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. National Railroad Passenger Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 234 West 31st Street			Amount of Each Disbursement this Period 278.00 <b>Transaction ID : VN7KGA0PSE4</b>
City New York	State NY	Zip Code 10001-2802	
Purpose of Disbursement Travel Expenses		Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	462.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 520 S Grand Ave FI 2		Amount of Each Disbursement this Period 49.00
City Los Angeles	State CA	
Zip Code 90071-2600	Purpose of Disbursement 001	<b>Transaction ID : VN7KGA0PPS4</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 520 S Grand Ave FI 2		Amount of Each Disbursement this Period 49.00
City Los Angeles	State CA	
Zip Code 90071-2600	Purpose of Disbursement 001	<b>Transaction ID : VN7KGA0PR36</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2015
Mailing Address 520 S Grand Ave FI 2		Amount of Each Disbursement this Period 49.00
City Los Angeles	State CA	
Zip Code 90071-2600	Purpose of Disbursement 001	<b>Transaction ID : VN7KGA0PST9</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	147.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2015</b>
Mailing Address <b>1101 15th St NW</b>			Amount of Each Disbursement this Period <b>750.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005-5002</b>	
Purpose of Disbursement	Candidate Name		<b>Transaction ID : VN7KGA0PPM5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type <b>001</b>		

Full Name (Last, First, Middle Initial) <b>B. NGP VAN</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2015</b>
Mailing Address <b>1101 15th St NW</b>			Amount of Each Disbursement this Period <b>750.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005-5002</b>	
Purpose of Disbursement	Candidate Name		<b>Transaction ID : VN7KGA0PQF8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type <b>001</b>		

Full Name (Last, First, Middle Initial) <b>C. NGP VAN</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 01 / 2015</b>
Mailing Address <b>1101 15th St NW</b>			Amount of Each Disbursement this Period <b>750.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005-5002</b>	
Purpose of Disbursement	Candidate Name		<b>Transaction ID : VN7KGA0PSB2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type <b>001</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NY Prints LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015
Mailing Address 1105 44th Dr		Amount of Each Disbursement this Period 261.30 <b>Transaction ID : VN7KGA0QZ52</b>
City Long Island City	State NY	
Zip Code 11101-5107	Purpose of Disbursement Campaign Literature	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Livery Passenger Enhancements Project (LPEP)</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 4250 24th St		Amount of Each Disbursement this Period 7.80 <b>Transaction ID : VN7KGA0PQ67</b>
City Long Island City	State NY	
Zip Code 11101-4608	Purpose of Disbursement Travel Expenses related to Trip to Orlando	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NYC Livery Passenger Enhancements Project (LPEP)</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2015
Mailing Address 4250 24th St		Amount of Each Disbursement this Period 27.30 <b>Transaction ID : VN7KGA0PQC4</b>
City Long Island City	State NY	
Zip Code 11101-4608	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	296.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Livery Passenger Enhancements Project (LPEP)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2015</b>
Mailing Address <b>4250 24th St</b>		Amount of Each Disbursement this Period <b>6.30</b>
City <b>Long Island City</b> State <b>NY</b> Zip Code <b>11101-4608</b>	Purpose of Disbursement <b>Travel Expenses</b> <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : VN7KGA0PQW1</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Livery Passenger Enhancements Project (LPEP)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 17 / 2015</b>
Mailing Address <b>4250 24th St</b>		Amount of Each Disbursement this Period <b>26.34</b>
City <b>Long Island City</b> State <b>NY</b> Zip Code <b>11101-4608</b>	Purpose of Disbursement <b>Travel Expenses</b> <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : VN7KGA0PQX9</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NYC Livery Passenger Enhancements Project (LPEP)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 21 / 2015</b>
Mailing Address <b>4250 24th St</b>		Amount of Each Disbursement this Period <b>6.30</b>
City <b>Long Island City</b> State <b>NY</b> Zip Code <b>11101-4608</b>	Purpose of Disbursement <b>Travel Expenses</b> <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : VN7KGA0PS05</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>38.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Livery Passenger Enhancements Project (LPEP)</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 4250 24th St		Amount of Each Disbursement this Period 9.80
City Long Island City	State NY	
Zip Code 11101-4608	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PSC8</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Livery Passenger Enhancements Project (LPEP)</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 4250 24th St		Amount of Each Disbursement this Period 13.30
City Long Island City	State NY	
Zip Code 11101-4608	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PSP7</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NYC Livery Passenger Enhancements Project (LPEP)</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 4250 24th St		Amount of Each Disbursement this Period 13.30
City Long Island City	State NY	
Zip Code 11101-4608	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0QQS4</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	36.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2015</b>
Mailing Address <b>33 Beaver St</b>		Amount of Each Disbursement this Period <b>9.80</b> <b>Transaction ID : VN7KGA0MS7</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10004-2736</b>	Purpose of Disbursement Travel Expenses Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2015</b>
Mailing Address <b>33 Beaver St</b>		Amount of Each Disbursement this Period <b>25.00</b> <b>Transaction ID : VN7KGA0MS6</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10004-2736</b>	Purpose of Disbursement Travel Expenses Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2015</b>
Mailing Address <b>33 Beaver St</b>		Amount of Each Disbursement this Period <b>12.30</b> <b>Transaction ID : VN7KGA0PPA6</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10004-2736</b>	Purpose of Disbursement Travel Expenses Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>47.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 48.90 Transaction ID : VN7KGA0PPB4
City New York	State NY	Zip Code 10004-2736	
Purpose of Disbursement Travel Expenses		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 8.30 Transaction ID : VN7KGA0PPC2
City New York	State NY	Zip Code 10004-2736	
Purpose of Disbursement Travel Expenses		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 11.30 Transaction ID : VN7KGA0PPD9
City New York	State NY	Zip Code 10004-2736	
Purpose of Disbursement Travel Expenses		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	48.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 12 / 2015</b>
Mailing Address <b>33 Beaver St</b>		Amount of Each Disbursement this Period <b>21.30</b> Transaction ID : <b>VN7KGA0PPE7</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10004-2736</b>	Purpose of Disbursement Travel Expenses Candidate Name Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2015</b>
Mailing Address <b>33 Beaver St</b>		Amount of Each Disbursement this Period <b>15.30</b> Transaction ID : <b>VN7KGA0PPF5</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10004-2736</b>	Purpose of Disbursement Travel Expenses Candidate Name Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2015</b>
Mailing Address <b>33 Beaver St</b>		Amount of Each Disbursement this Period <b>11.30</b> Transaction ID : <b>VN7KGA0PPG3</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10004-2736</b>	Purpose of Disbursement Travel Expenses Candidate Name Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>47.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 11.30 <b>Transaction ID : VN7KGA0PPH1</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 10.80 <b>Transaction ID : VN7KGA0PPJ9</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 8.30 <b>Transaction ID : VN7KGA0PPK7</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 95.40 <b>Transaction ID : VN7KGA0PRG9</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 31.80 <b>Transaction ID : VN7KGA0PRH7</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 10.80 <b>Transaction ID : VN7KGA0PRJ5</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	95.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 41.80 <b>Transaction ID : VN7KGA0PRK2</b>
City New York	State NY	Zip Code 10004-2736	
Purpose of Disbursement Travel Expenses		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 10.80 <b>Transaction ID : VN7KGA0PRR2</b>
City New York	State NY	Zip Code 10004-2736	
Purpose of Disbursement Travel Expenses		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2015
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 23.80 <b>Transaction ID : VN7KGA0PRM0</b>
City New York	State NY	Zip Code 10004-2736	
Purpose of Disbursement Travel Expenses		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 79
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 33.80 <b>Transaction ID : VN7KGA0PRP6</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 23.30 <b>Transaction ID : VN7KGA0PSH7</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 34.30 <b>Transaction ID : VN7KGA0PSJ5</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	91.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 11.80 <b>Transaction ID : VN7KGA0PSK3</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 16.30 <b>Transaction ID : VN7KGA0PSM1</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 26.30 <b>Transaction ID : VN7KGA0PSN9</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	54.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 19.30 <b>Transaction ID : VN7KGA0PT71</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 16.80 <b>Transaction ID : VN7KGA0PT89</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 14.80 <b>Transaction ID : VN7KGA0QQH0</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 9.30 <b>Transaction ID : VN7KGA0QPJ6</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 008
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 19.80 <b>Transaction ID : VN7KGA0QQK6</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NYC Taxi &amp; Limousine Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 14.80 <b>Transaction ID : VN7KGA0QQN2</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ricardo's Steak House</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2015
Mailing Address 2145 2nd Ave			Amount of Each Disbursement this Period 143.23
City New York	State NY	Zip Code 10029-3354	
Purpose of Disbursement		Category/ Type 001	<b>Transaction ID : VN7KGA0PRZ7</b>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Sepulveda for NYS Assembly</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 881 Gerard Ave			Amount of Each Disbursement this Period 1000.00
City Bronx	State NY	Zip Code 10452-9434	
Purpose of Disbursement Contribution to the Campaign for Reelection to the NYS Assembly		Category/ Type 011	<b>Transaction ID : VN7KGA0QZ44</b>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Somos El Futuro, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address PO Box 2048			Amount of Each Disbursement this Period 200.00
City Albany	State NY	Zip Code 12220-0048	
Purpose of Disbursement Attendance at Somos El Futuro Winter Conference		Category/ Type 012	<b>Transaction ID : VN7KGA0PR52</b>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1343.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 79			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015
Mailing Address 1280 Lexington Ave Frnt 2		Amount of Each Disbursement this Period 133.86
City New York	State NY	
Zip Code 10028-2136	Purpose of Disbursement	Transaction ID : VN7KGA0PPW8
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sykes Global Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 353 W 48th St Fl 4		Amount of Each Disbursement this Period 750.00
City New York	State NY	
Zip Code 10036-1324	Purpose of Disbursement Consulting Services to Campaign	Transaction ID : VN7KGA0PRC7
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sykes Global Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 353 W 48th St Fl 4		Amount of Each Disbursement this Period 750.00
City New York	State NY	
Zip Code 10036-1324	Purpose of Disbursement Consulting Services to Campaign	Transaction ID : VN7KGA0PT55
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1633.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tao Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2015		
Mailing Address 42 E 58th St			Amount of Each Disbursement this Period 153.92		
City New York	State NY	Zip Code 10022-1910	Transaction ID : VN7KGA0PQ83		
Purpose of Disbursement		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Tao Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015		
Mailing Address 42 E 58th St			Amount of Each Disbursement this Period 230.31		
City New York	State NY	Zip Code 10022-1910	Transaction ID : VN7KGA0PRS0		
Purpose of Disbursement		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. The 201 Bar</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015		
Mailing Address 201 Massachusetts Ave NE			Amount of Each Disbursement this Period 1950.00		
City Washington	State DC	Zip Code 20002-4957	Transaction ID : VN7KGA0PSF2		
Purpose of Disbursement Fundraiser		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2334.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Condado Plaza Hilton</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 999 Ave Ashford			Amount of Each Disbursement this Period 1608.70 <b>Transaction ID : VN7KGA0PR28</b>
City San Juan	State PR	Zip Code 00907-1016	
Purpose of Disbursement Lodging for Somos El Futuro Winter Conference		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. The Condado Plaza Hilton</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 999 Ave Ashford			Amount of Each Disbursement this Period 554.90 <b>Transaction ID : VN7KGA0PRD5</b>
City San Juan	State PR	Zip Code 00907-1016	
Purpose of Disbursement Attendance at Somos El Futuro Winter Conference		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. The Condado Plaza Hilton</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 999 Ave Ashford			Amount of Each Disbursement this Period 25.79 <b>Transaction ID : VN7KGA0PRE3</b>
City San Juan	State PR	Zip Code 00907-1016	
Purpose of Disbursement Attendance at Somos El Futuro Winter Conference		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2189.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Condado Plaza Hilton</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 999 Ave Ashford		Amount of Each Disbursement this Period 1269.85 <b>Transaction ID : VN7KGA0QP61</b>
City San Juan State PR Zip Code 00907-1016	Purpose of Disbursement Travel Expenses 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 11.85 <b>Transaction ID : VN7KGA0MS73</b>
City Long Island City State NY Zip Code 11101-2917	Purpose of Disbursement Travel Expenses 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 15.12 <b>Transaction ID : VN7KGA0MS81</b>
City Long Island City State NY Zip Code 11101-2917	Purpose of Disbursement Travel Expenses 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1296.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 79			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 10.42
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0MS99</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 33.46
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0MSA7</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 30.99
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0MSM6</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	74.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 79
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 25.80 <b>Transaction ID : VN7KGA0MSP2</b>
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 8.00 <b>Transaction ID : VN7KGA0MSQ0</b>
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 11.54 <b>Transaction ID : VN7KGA0PQ75</b>
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 26.12
City Long Island City	State NY Zip Code 11101-2917	
Purpose of Disbursement Travel Expenses	Category/Type 002	<b>Transaction ID : VN7KGA0PQ91</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 31.29
City Long Island City	State NY Zip Code 11101-2917	
Purpose of Disbursement Travel Expenses	Category/Type 002	<b>Transaction ID : VN7KGA0PQH4</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 10.43
City Long Island City	State NY Zip Code 11101-2917	
Purpose of Disbursement Travel Expenses	Category/Type 002	<b>Transaction ID : VN7KGA0PQJ2</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	67.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 13.99
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PQK0</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 55.36
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PQM8</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 21.52
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PQP3</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 29.07
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PQN5</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 20.05
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PQQ1</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 24.39
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PQR9</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	73.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 50.00 Transaction ID : VN7KGA0PQS7
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 13.53 Transaction ID : VN7KGA0PQT5
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 16.53 Transaction ID : VN7KGA0PS21
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 11.03 <b>Transaction ID : VN7KGA0PS39</b>
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 9.91 <b>Transaction ID : VN7KGA0PS47</b>
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 27.29 <b>Transaction ID : VN7KGA0PS55</b>
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	48.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 32.26
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PS63</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 10.85
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PS70</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 8.00
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PS88</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	51.11
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 32.88
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PS96</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 38.41
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PSW4</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 30.09
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PSX2</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 10.00
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PSY0</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 11.29
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PSZ8</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 2755 Jackson Ave		Amount of Each Disbursement this Period 8.86
City Long Island City	State NY	
Zip Code 11101-2917	Purpose of Disbursement Travel Expenses	<b>Transaction ID : VN7KGA0PT06</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015	
Mailing Address 2755 Jackson Ave			Amount of Each Disbursement this Period 12.54	
City Long Island City	State NY	Zip Code 11101-2917	Transaction ID : VN7KGA0PT14	
Purpose of Disbursement Travel Expenses		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015	
Mailing Address 2755 Jackson Ave			Amount of Each Disbursement this Period 26.04	
City Long Island City	State NY	Zip Code 11101-2917	Transaction ID : VN7KGA0QQP0	
Purpose of Disbursement Travel Expenses		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015	
Mailing Address 2755 Jackson Ave			Amount of Each Disbursement this Period 20.79	
City Long Island City	State NY	Zip Code 11101-2917	Transaction ID : VN7KGA0PT22	
Purpose of Disbursement Travel Expenses		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 79	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. United State Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2015</b>
Mailing Address <b>475 Lenfant Plz SW</b>		Amount of Each Disbursement this Period <b>5.75</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20260-0001</b>	Purpose of Disbursement <b>001</b>	<b>Transaction ID : VN7KGA0PQ33</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United State Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 18 / 2015</b>
Mailing Address <b>475 Lenfant Plz SW</b>		Amount of Each Disbursement this Period <b>78.40</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20260-0001</b>	Purpose of Disbursement <b>001</b>	<b>Transaction ID : VN7KGA0QQQ8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Violence Intervention Program Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2015</b>
Mailing Address <b>PO Box 1161 P.O. Box 1161</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>New York</b>	State <b>NY</b>	
Zip Code <b>10035-0810</b>	Purpose of Disbursement <b>012</b>	<b>Transaction ID : VN7KGA0R2X8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>334.15</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>26895.87</b>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 79	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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)  
**Adam Clayton Powell for Congress**

Full Name (Last, First, Middle Initial) <b>A. Raymond Bouderau</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2015</b>
Mailing Address <b>421 E 119th St</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : VN7KGA0R302</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10035-3627</b>	Purpose of Disbursement <b>Refunded after gave over the contribution limit</b>	
Candidate Name	Category/Type <b>010</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1000.00</b>