

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

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

YES WE CAN LONG ISLAND ETC

ADDRESS (number and street) 1818 BELLMORE AVE

Check if different than previously reported. (ACC) BELLMORE NY 11710

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

C00454181

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 / 04 / 2008 in the State of NY

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

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2008 through 10 / 19 / 2008

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 Joanna E. Lucas

Signature of Treasurer Joanna E. Lucas Date 07 / 12 / 2009

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

29030121888

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

YES WE CAN LONG ISLAND, LTD.

Report Covering the Period:

From:

10 / 01 / 2008

To:

10 / 19 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		0
(b) Cash on Hand at Beginning of Reporting Period.....	227,360.00	
(c) Total Receipts (from Line 19)	20,760.00	44,882.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43,496.00	44,882.00
7. Total Disbursements (from Line 31).....	19,396.00	20,782.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	24,100.00	24,100.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

29030121889

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

YES WE CAN LONG ISLAND, LTD.

Report Covering the Period: From: MM / DD / YYYY 10 / 01 / 2008 To: MM / DD / YYYY 10 / 19 / 2008

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

4650.00

18150.00

(ii) Unitemized.....

11110.00

21731.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

15760.00

39881.00

(b) Political Party Committees.....

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

5000.00

5000.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

20760.00

44881.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

1.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20760.00

44882.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

20760.00

44882.00

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DETAILED SUMMARY PAGE
of Disbursements

29030121891

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	6215.00	7260.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6215.00	7260.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditures (use Schedule E)	12681.00	13022.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19,396.00	20,782.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19,396.00	20,782.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20,760.00	44,881.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20,760.00	44,881.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6,215.00	7,260.00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6,215.00	7,260.00

29030121892

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE / OF 2
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

NAME OF COMMITTEE (In Full)
YES WE CAN LONG ISLAND, ETC.

A.

Full Name (Last, First, Middle Initial)
CYBERVISION ENTERTAINMENT

Mailing Address
201 W. 139 ST.

City
NEW YORK State
NY Zip Code
10030

Purpose of Disbursement
PAC MEETING

Candidate Name
ENTERTAINMENT - FUNORATION - ISSUES

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
10 / 03 / 2008

Amount of Each Disbursement this Period
800.00

Category/Type
001

B.

Full Name (Last, First, Middle Initial)
MEKES PARTY TENTS

Mailing Address
2673 MEDDLE COUNTRY ROAD

City
CENTERFRENCH State
NY Zip Code
11720

Purpose of Disbursement
TABLES + CHAIRS RENTAL - PAC MEETING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
10 / 16 / 2008

Amount of Each Disbursement this Period
700.00

Category/Type
001

C.

Full Name (Last, First, Middle Initial)
RENT A JOHN

Mailing Address
1 BRITTLE LANE

City
HICKVILLE State
NY Zip Code
11801

Purpose of Disbursement
PORTABLE TOILET - PAC - FUNORATION PERSONAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
10 / 16 / 2008

Amount of Each Disbursement this Period
489.00

Category/Type
001

SUBTOTAL of Disbursements This Page (optional).....▶ **1995.00**

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

29030121893

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YES WE CAN LONG ISLAND, LTD.

Full Name (Last, First, Middle Initial)

A.

EVENT RADIO INC.

Mailing Address: *7015 AUSTIN STREET*

City: *FOREST HILLS* State: *NY* Zip Code: *11375*

Purpose of Disbursement: *COMMUNICATIONS RADIO RENT - CLOUD CARE*

Candidate Name: *PAC*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

B.

INTER-COUNTY BUS CORP.

Mailing Address: *P.O. Box 17*

City: *BABYLON* State: *NY* Zip Code: *11702*

Purpose of Disbursement: *TRANSPORTATION - PAC ACTIVITY*

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

1550.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement

_____ / _____ / _____

Amount of Each Disbursement this Period

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

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

2550.00

4545.00

29030121894

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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

NAME OF COMMITTEE (In Full)
YES WE CAN LOVE ISLAND LTD

A. Full Name (Last, First, Middle Initial) <i>NEW YORK DEMOCRATIC CLUB</i>		Date of Disbursement <i>10 / 16 / 2008</i>
Mailing Address <i>23 PARK AVE</i>		
City <i>NEW YORK</i>	State <i>NY</i>	Zip Code <i>10016</i>
Purpose of Disbursement <i>CONTRIBUTION</i>		Amount of Each Disbursement this Period <i>500.00</i>
Candidate Name <i>BARACK OBAMA</i>		Category/Type <i>012</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<i>500.00</i>
TOTAL This Period (last page this line number only).....▶	<i>500.00</i>

29030121895

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>YES WE CAN LONG ISLAND, LTO.</i>	FEC IDENTIFICATION NUMBER C 00454181
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>JOHN SKVARLA</i>	Date 10 / 07 / 2008
Mailing Address <i>128 COVE ROAD</i>	Amount 126200
City State Zip Code <i>OYSTER BAY NY 11771</i>	
Purpose of Expenditure <i>T. SHORT PRINTING</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Category/Type 006	District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>BARACK OBAMA</i>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 126200	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>STEVEN DAWES</i>	Date 10 / 10 / 2008
Mailing Address <i>1 SCHOOL ST.</i>	Amount 546400
City State Zip Code <i>GLEN HEAD NY 11545</i>	
Purpose of Expenditure <i>PURCHASE OF SIGNS</i>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Category/Type 006	District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>BARACK OBAMA</i>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 546400	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Janna J. Lucas

Signature

Date **07 / 12 / 2009**

29030121896

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <u>YES WE CAN LOVE ISLAND, LTD.</u>	FEC IDENTIFICATION NUMBER ▼ <u>C004541P1</u>
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <u>JOHN MAHER</u>	Date <u>10</u> / <u>14</u> / <u>2008</u>
Mailing Address <u>207 HAMILTON ST.</u>	Amount <u>1075.00</u>
City <u>BELLMORE</u> State <u>NY</u> Zip Code <u>11710</u>	

Purpose of Expenditure <u>PURCHASE OF SIGNS</u>	Category/Type <u>0.06</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>BARACK OBAMA</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>1075.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <u>2008</u> <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>KREUTZBERGER, MARVEN</u>	Date <u>10</u> / <u>06</u> / <u>2008</u>
Mailing Address <u>51 HENRY STREET</u>	Amount <u>4880.00</u>
City <u>MERRICK</u> State <u>NY</u> Zip Code <u>11566</u>	

Purpose of Expenditure <u>CAMPAIGN MATERIAL - BUTTONS</u>	Category/Type <u>0.06</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>BARACK OBAMA</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>5221.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <u>2008</u> <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<u>12681.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<u>12681.00</u>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Joanna J. Lucas
Signature

Date 07 / 12 / 2009

29030121897

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
7/13/09

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ER
 PREPARER
 (3/2005)

7/20/09
 DATE PREPARED

29030121898