

## FEC Form 9 - New York Hotel and Motel Trades Council, AFL-CIO

**ID** Ian Dunford <iandunford@gmail.com>  
Sat 9/10, 2:17 PM  
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NYHTC FEC Form 9 201... ▾  
2 MB

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To Whom It May Concern:

Attached hereto is the New York Hotel and Motel Trades Council's completed FEC Form 9 as required.

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

New York Hotel and Motel Trades Council, AFL-CIO

(b) Address (number and street)  check if different than previously reported

707 Eighth Avenue

(c) City, State and ZIP Code

New York, NY 10036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement  New or  Amended

4. Covering Period 08/15/2016 through 09/09/2016

5. (a) Date of Public Distribution(s) 09/09/2016 (b) Communication Title Ball Game

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)

(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes  No

### 8. Custodian of Records

(a) Name

Marcia Azeez

(b) Address (number and street)

709 Eighth Avenue

(c) City, State and ZIP Code

New York, NY 10036

(d) Name of Employer or Principal Place of Business

(e) Occupation

New York Hotel and Motel Trades Council, AFL-CIO Controller

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 34,575.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Ian Dunford

SIGNATURE

DATE

9/10/16

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 52 U.S.C. §30109

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE 1 OF 2

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Peter Ward	(e) Occupation President
	(b) Address (number and street) 707 8th Ave	
	(c) City, State and ZIP Code New York, NY 10036	
	(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	
<b>B.</b>	(a) Name Michael Goodwin	(e) Occupation Secretary Treasurer
	(b) Address (number and street) 707 8th Ave	
	(c) City, State and ZIP Code New York, NY 10036	
	(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	
<b>C.</b>	(a) Name Chris Lusack	(e) Occupation Executive Vice President
	(b) Address (number and street) 707 8th Ave	
	(c) City, State and ZIP Code New York, NY 10036	
	(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	
<b>D.</b>	(a) Name Kuba Brown	(e) Occupation Recording Secretary
	(b) Address (number and street) 707 8th Ave	
	(c) City, State and ZIP Code New York, NY 10036	
	(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	
<b>E.</b>	(a) Name Jim Donovan	(e) Occupation General Organizer
	(b) Address (number and street) 707 8th Ave	
	(c) City, State and ZIP Code New York, NY 10036	
	(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	

List of Person(s) Sharing/Exercising Control  
(use additional pages as necessary)

PAGE 2 OF 2

11. Person(s) Sharing/Exercising Control

A. (a) Name Vanessa Meade	
(b) Address (number and street) 707 8th Ave	
(c) City, State and ZIP Code New York, NY 10036	
(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	(e) Occupation Vice President
B. (a) Name George Padilla	
(b) Address (number and street) 707 8th Ave	
(c) City, State and ZIP Code New York, NY 10036	
(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	(e) Occupation Vice President
C. (a) Name Lance Van Ausdale	
(b) Address (number and street) 707 8th Ave	
(c) City, State and ZIP Code New York, NY 10036	
(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	(e) Occupation Vice President
D. (a) Name Declan Tracey	
(b) Address (number and street) 707 8th Ave	
(c) City, State and ZIP Code New York, NY 10036	
(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	(e) Occupation Vice President
E. (a) Name Rich Maroko	
(b) Address (number and street) 707 8th Ave	
(c) City, State and ZIP Code New York, NY 10036	
(d) Name of Employer or Principal Place of Business New York Hotel and Motel Trades Council	(e) Occupation Vice President

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE OF

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Metropolitan Public Strategies, Inc.				<b>Date of Disbursement or Obligation</b> 08 / 15 / 2016	
<b>Mailing Address of Payee</b> 1677 Lexington Ave				<b>Amount</b> 34,575.00	
<b>City</b> New York, NY		<b>State</b> NY		<b>Zip Code</b> 10029	
<b>Name of Employer</b> Metropolitan Public Strategies, Inc.				<b>Occupation</b> [Blank]	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Television ad - "Ball Game"					
<b>Name of Federal Candidate</b> Donald Trump		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> [Blank]		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> [Blank]		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> [Blank]				<b>Date of Disbursement or Obligation</b> [Blank]	
<b>Mailing Address of Payee</b> [Blank]				<b>Amount</b> [Blank]	
<b>City</b> [Blank]		<b>State</b> [Blank]		<b>Zip Code</b> [Blank]	
<b>Name of Employer</b> [Blank]				<b>Occupation</b> [Blank]	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> [Blank]					
<b>Name of Federal Candidate</b> [Blank]		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> [Blank]		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> [Blank]		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ▶				34,575.00	
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)				34,575.00	

**Via E-Mail**

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.

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<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>9/10/2016</i>
<i>JH</i> PREPARER	<i>9/12/2016</i> DATE PREPARED