

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

Taking Action For Suffolk County

ADDRESS (number and street) P.O. Box 798

Check if different than previously reported. (ACC) Mattituck NY 11952

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

C C00637645

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on 11 / 06 / 2018 in the State of NY

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period 10 / 01 / 2018 through 10 / 17 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Ervin, Robert, Francis, ,

Type or Print Name of Treasurer _____

Signature of Treasurer Ervin, Robert, Francis, , [Electronically Filed] Date 11 / 01 / 2018

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Taking Action For Suffolk County

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text"/>	<input type="text" value="5985.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="360662.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7376.69"/>	<input type="text" value="532542.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="368039.47"/>	<input type="text" value="538527.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="80188.54"/>	<input type="text" value="250676.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="287850.93"/>	<input type="text" value="287850.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Taking Action For Suffolk County

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7225.00	520639.49
(ii) Unitemized	90.00	11386.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7315.00	532025.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7315.00	532025.51
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	61.69	516.69
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7376.69	532542.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7376.69	532542.20

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	21345.04	163368.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21345.04	163368.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	58842.75	86498.97
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.75	808.97
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	80188.54	250676.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80188.54	250676.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7315.00	532025.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7315.00	532025.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	21345.04	163368.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	61.69	516.69
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21283.35	162851.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Taking Action For Suffolk County

A. daniel, ana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address po box 146
 City sagaponack State NY Zip Code 11962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 13 / 2018
Transaction ID : SA11AI.5680
 Amount of Each Receipt this Period 100.00
 Memo Item
 Conduit: ActBlue

B. Katie Daley & Mark Ledzian
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Monroe Place 5B
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6500.00

Date of Receipt 10 / 06 / 2018
Transaction ID : SA11AI.5710
 Amount of Each Receipt this Period 6500.00
 Memo Item
 In-kind - production services

C. Krause, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1125
 City Quogue State NY Zip Code 11959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hofstra University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 229.74

Date of Receipt 10 / 07 / 2018
Transaction ID : SA11AI.5679
 Amount of Each Receipt this Period 125.00
 Memo Item
 Conduit: ActBlue

SUBTOTAL of Receipts This Page (optional).....	6725.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 22
(check only one)

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

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NAME OF COMMITTEE (In Full)
Taking Action For Suffolk County

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
moore, wendy, , ,

Mailing Address 20 sterling place

City brooklyn State NY Zip Code 11217

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Brooklyn Country Day Occupation (for Individual) Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2018

Transaction ID : SA11AI.5681

Amount of Each Receipt this Period
500.00

Memo Item
Conduit: ActBlue

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	7225.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Taking Action For Suffolk County

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 10 / 05 / 2018	
Mailing Address P.O. Box 382110		FEC Identification Number C [] Transaction ID : SB21B.5700 Amount of Each Disbursement this Period [] 9.99	
City Cambridge	State MA	Zip Code 02238-2110	Category/ Type []
Purpose of Disbursement donation processing		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 10 / 07 / 2018	
Mailing Address P.O. Box 382110		FEC Identification Number C [] Transaction ID : SB21B.5701 Amount of Each Disbursement this Period [] 4.94	
City Cambridge	State MA	Zip Code 02238-2110	Category/ Type []
Purpose of Disbursement donation processing		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 10 / 13 / 2018	
Mailing Address P.O. Box 382110		FEC Identification Number C [] Transaction ID : SB21B.5702 Amount of Each Disbursement this Period [] 3.95	
City Cambridge	State MA	Zip Code 02238-2110	Category/ Type []
Purpose of Disbursement donation processing		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) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 9.88
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Taking Action For Suffolk County

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 10 / 14 / 2018
Mailing Address P.O. Box 382110		FEC Identification Number C [] Transaction ID : SB21B.5703 Amount of Each Disbursement this Period [] 19.75
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement donation processing		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 10 / 15 / 2018
Mailing Address P.O. Box 382110		FEC Identification Number C [] Transaction ID : SB21B.5704 Amount of Each Disbursement this Period [] 2.57
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement donation processing		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Benson Consulting Agency, LLC		Date of Disbursement MM / DD / YYYY 10 / 01 / 2018
Mailing Address 8 Wellington Drive		FEC Identification Number C [] Transaction ID : SB21B.5688 Amount of Each Disbursement this Period [] 3000.00
City Stony Brook	State NY	Zip Code 11790
Purpose of Disbursement consulting		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:	<input type="checkbox"/> Memo Item	

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

3022.32

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Taking Action For Suffolk County

Full Name (Last, First, Middle Initial)

A. Gusto

Mailing Address 500 Third St
Suite 405

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
payroll services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5689

Amount of Each Disbursement this Period

[REDACTED] 117.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Katie Daley & Mark Ledzian

Mailing Address 30 Monroe Place 5B

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement
In-kind - production services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5711

Amount of Each Disbursement this Period

[REDACTED] 6500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Katie Daley & Mark Ledzian

Mailing Address 30 Monroe Place 5B

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement
out of pocket expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5690

Amount of Each Disbursement this Period

[REDACTED] 141.50

Memo Item

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

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

[REDACTED] 6758.50

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Taking Action For Suffolk County

Full Name (Last, First, Middle Initial)

A. MCB Consulting

Mailing Address PO Box 855

City Southampton State NY Zip Code 11969

Purpose of Disbursement fundraising

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5705
Amount of Each Disbursement this Period
8000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. New York State Department of Taxation and Finance

Mailing Address STATE PROCESSING CENTER
PO BOX 61000

City Albany State NY Zip Code 12261

Purpose of Disbursement tax payment

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5715
Amount of Each Disbursement this Period
0.12

Memo Item

Full Name (Last, First, Middle Initial)

C. Peconic Advisors, LLC

Mailing Address 300 Bowie Street
Unit 3206

City Austin State TX Zip Code 78703

Purpose of Disbursement accounting services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2018

FEC Identification Number

C
Transaction ID : SB21B.5686
Amount of Each Disbursement this Period
2166.26

Memo Item

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

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

10166.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Taking Action For Suffolk County

Full Name (Last, First, Middle Initial) A. Peconic Advisors, LLC		Date of Disbursement MM / DD / YYYY 10 / 01 / 2018	
Mailing Address 300 Bowie Street Unit 3206		FEC Identification Number C [] Transaction ID : SB21B.5687 Amount of Each Disbursement this Period [] 50.00	
City Austin	State TX	Zip Code 78703	Category/ Type []
Purpose of Disbursement FEC webinar reimbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Shoeboxed.com		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018	
Mailing Address 512 S Mangum Street Suite 402		FEC Identification Number C [] Transaction ID : SB21B.5698 Amount of Each Disbursement this Period [] 39.00	
City Durham	State NC	Zip Code 27701	Category/ Type []
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement MM / DD / YYYY 10 / 09 / 2018	
Mailing Address 450 NY-25A		FEC Identification Number C [] Transaction ID : SB21B.5693 Amount of Each Disbursement this Period [] 40.75	
City East Setauket	State NY	Zip Code 11733	Category/ Type []
Purpose of Disbursement postage		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 129.75
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Taking Action For Suffolk County

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018	
Mailing Address 450 NY-25A		FEC Identification Number C [] Transaction ID : SB21B.5694 Amount of Each Disbursement this Period [] 74.25	
City East Setauket	State NY	Zip Code 11733	Category/ Type []
Purpose of Disbursement postage		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Date of Disbursement MM / DD / YYYY 10 / 11 / 2018	
Mailing Address 450 NY-25A		FEC Identification Number C [] Transaction ID : SB21B.5695 Amount of Each Disbursement this Period [] 600.00	
City East Setauket	State NY	Zip Code 11733	Category/ Type []
Purpose of Disbursement postage		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018	
Mailing Address 450 NY-25A		FEC Identification Number C [] Transaction ID : SB21B.5696 Amount of Each Disbursement this Period [] 32.40	
City East Setauket	State NY	Zip Code 11733	Category/ Type []
Purpose of Disbursement postage		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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 706.65
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Taking Action For Suffolk County

A. United States Postal Service

Full Name (Last, First, Middle Initial)

Mailing Address 450 NY-25A

City East Setauket State NY Zip Code 11733

Purpose of Disbursement postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB21B.5697

Amount of Each Disbursement this Period: 258.89

Memo Item

B.

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 258.89

TOTAL This Period (last page this line number only)..... ▶ 21052.37

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

NAME OF COMMITTEE (In Full) Taking Action For Suffolk County	FEC IDENTIFICATION NUMBER ▼ C C00637645
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item DeVine, Kelly, , ,	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 119 Jane Avenue	Amount <input type="text"/> 337.50 Transaction ID : SE.5716 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Port Jefferson NY 11777	
Purpose of Expenditure canvassing Category/Type <input type="text"/> 001	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose GERSHON, PERRY, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 24864.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Ferraro, William, , ,	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 12 Comet Road	Amount <input type="text"/> 60.00 Transaction ID : SE.5717 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Selden NY 11784	
Purpose of Expenditure canvassing Category/Type <input type="text"/> 001	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose GERSHON, PERRY, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 24924.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 397.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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.

Ervin, Robert, Francis, ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Taking Action For Suffolk County
FEC IDENTIFICATION NUMBER C C00637645

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Ferraro, William, , , Memo Item
Mailing Address 12 Comet Road
City Selden State NY Zip Code 11784
Purpose of Expenditure canvassing Category/Type 001
Date of Public Distribution/Dissemination 09/30/2018
Amount 172.50
Transaction ID : SE.5723
Date of Disbursement or Obligation 10/02/2018

Name of Federal Candidate: Shirley, Liuba, , , Support Oppose
Office Sought: House District: 02
President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 3301.97
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Finer, Samuel, , , Memo Item
Mailing Address 111 Bayview Terrace
City Port Jefferson State NY Zip Code 11777
Purpose of Expenditure canvassing Category/Type 001
Date of Public Distribution/Dissemination 09/30/2018
Amount 251.25
Transaction ID : SE.5719
Date of Disbursement or Obligation 10/02/2018

Name of Federal Candidate: GERSHON, PERRY, , , Support Oppose
Office Sought: House District: 01
President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 25175.50
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 423.75
(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.

Ervin, Robert, Francis, , [Electronically Filed] Date 11/01/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Taking Action For Suffolk County
FEC IDENTIFICATION NUMBER C C00637645

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Finer, Samuel, , Memo Item
Mailing Address: 111 Bayview Terrace
City: Port Jefferson, State: NY, Zip Code: 11777
Purpose of Expenditure: canvassing, Category/Type: 001
Date of Public Distribution/Dissemination: 09/30/2018
Amount: 180.00
Transaction ID: SE.5724
Date of Disbursement or Obligation: 10/02/2018
Name of Federal Candidate: Shirley, Liuba, , Support, Office Sought: House, District: 02, State: NY
Calendar Year-To-Date Per Election for Office Sought: 3481.97
Disbursement For: General 2018

Full Name of Payee: Internal Revenue Service, Memo Item
Mailing Address: 1111 Constitution Avenue Northwest
City: Washington, State: DC, Zip Code: 20224
Purpose of Expenditure: payroll taxes, Category/Type: 001
Date of Public Distribution/Dissemination: 09/30/2018
Amount: 77.05
Transaction ID: SE.5727
Date of Disbursement or Obligation: 10/02/2018
Name of Federal Candidate: GERSHON, PERRY, , Support, Office Sought: House, District: 01, State: NY
Calendar Year-To-Date Per Election for Office Sought: 25537.55
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 257.05
(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.

Ervin, Robert, Francis, [Electronically Filed] Date 11/01/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Taking Action For Suffolk County
FEC IDENTIFICATION NUMBER C C00637645

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Internal Revenue Service
Mailing Address 1111 Constitution Avenue Northwest
City Washington State DC Zip Code 20224
Purpose of Expenditure payroll taxes Category/Type 001
Date of Public Distribution/Dissemination 09/30/2018
Amount 78.60
Transaction ID: SE.5729
Date of Disbursement or Obligation 10/02/2018
Name of Federal Candidate: Shirley, Liuba, , , Support
Office Sought: House District: 02 State: NY
Calendar Year-To-Date Per Election for Office Sought 4160.57
Disbursement For: General 2018

Full Name of Payee Millennial Strategies
Mailing Address 85 Broad St. 18th Floor
City New York State NY Zip Code 10004
Purpose of Expenditure anti-Zeldin radio production and time Category/Type 004
Date of Public Distribution/Dissemination 10/11/2018
Amount 50000.00
Transaction ID: SE.5731
Date of Disbursement or Obligation 10/10/2018
Name of Federal Candidate: ZELDIN, LEE M, , , Oppose
Office Sought: House District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought 75575.59
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 50078.60
(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.

Ervin, Robert, Francis, ,

[Electronically Filed]

Date 11/01/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Taking Action For Suffolk County
FEC IDENTIFICATION NUMBER C C00637645

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Millennial Strategies
Mailing Address 85 Broad St. 18th Floor
City New York State NY Zip Code 10004
Purpose of Expenditure Field Canvass to support Gershon
Category/Type 003
Name of Federal Candidate: GERSHON, PERRY, , , Support
Office Sought: House District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought 82299.59
Disbursement For: General 2018

Full Name of Payee Montauban, Judith, , ,
Mailing Address 3103 Kane Ave
City Medford State NY Zip Code 11763
Purpose of Expenditure canvassing
Category/Type 001
Name of Federal Candidate: GERSHON, PERRY, , , Support
Office Sought: House District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought 25220.50
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 6769.00
(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.

Ervin, Robert, Francis, , [Electronically Filed] Date 11 / 01 / 2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Taking Action For Suffolk County
FEC IDENTIFICATION NUMBER C C00637645

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee New York State Department of Taxation and Finance
Mailing Address STATE PROCESSING CENTER PO BOX 61000
City Albany State NY Zip Code 12261
Purpose of Expenditure SUTA taxes Category/Type 001
Date of Public Distribution/Dissemination 09/30/2018
Amount 38.04
Transaction ID : SE.5728
Date of Disbursement or Obligation 10/02/2018

Name of Federal Candidate: GERSHON, PERRY, , , Support
Office Sought: House District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought 25575.59
Disbursement For: General 2018

Full Name of Payee New York State Department of Taxation and Finance
Mailing Address STATE PROCESSING CENTER PO BOX 61000
City Albany State NY Zip Code 12261
Purpose of Expenditure SUTA tax Category/Type 001
Date of Public Distribution/Dissemination 09/30/2018
Amount 38.81
Transaction ID : SE.5730
Date of Disbursement or Obligation 10/02/2018

Name of Federal Candidate: Shirley, Liuba, , , Support
Office Sought: House District: 02 State: NY
Calendar Year-To-Date Per Election for Office Sought 4199.38
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 76.85
(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.

Ervin, Robert, Francis, , [Electronically Filed] Date 11/01/2018
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Taking Action For Suffolk County
FEC IDENTIFICATION NUMBER C C00637645

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Sinkler, Kenneth, , , Memo Item
Mailing Address 29 Shenandoah Blvd
City Port Jefferson Station State NY Zip Code 11776
Purpose of Expenditure canvassing Category/Type 001
Date of Public Distribution/Dissemination 09/30/2018
Amount 52.50
Transaction ID : SE.5721
Date of Disbursement or Obligation 10/02/2018
Name of Federal Candidate: GERSHON, PERRY, , , Support Oppose
Office Sought: House District: 01 State: NY
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Sinkler, Kenneth, , , Memo Item
Mailing Address 29 Shenandoah Blvd
City Port Jefferson Station State NY Zip Code 11776
Purpose of Expenditure canvassing Category/Type 001
Date of Public Distribution/Dissemination 09/30/2018
Amount 348.75
Transaction ID : SE.5725
Date of Disbursement or Obligation 10/02/2018
Name of Federal Candidate: Shirley, Liuba, , , Support Oppose
Office Sought: House District: 02 State: NY
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 401.25
(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.

Ervin, Robert, Francis, ,
Signature

[Electronically Filed]

Date 11/01/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Taking Action For Suffolk County
FEC IDENTIFICATION NUMBER C C00637645

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Snider, Terry-Linn, , , Memo Item
Mailing Address 26 Tower Hill Rd
City Shoreham State NY Zip Code 11786
Purpose of Expenditure canvassing Category/Type 001
Date of Public Distribution/Dissemination 09/30/2018
Amount 187.50
Transaction ID : SE.5722
Date of Disbursement or Obligation 10/02/2018

Name of Federal Candidate: GERSHON, PERRY, , , Support Oppose
Office Sought: House District: 01 State: NY
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Snider, Terry-Linn, , , Memo Item
Mailing Address 26 Tower Hill Rd
City Shoreham State NY Zip Code 11786
Purpose of Expenditure canvassing Category/Type 001
Date of Public Distribution/Dissemination 09/30/2018
Amount 251.25
Transaction ID : SE.5726
Date of Disbursement or Obligation 10/02/2018

Name of Federal Candidate: Shirley, Liuba, , , Support Oppose
Office Sought: House District: 02 State: NY
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 438.75
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 58842.75

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.

Ervin, Robert, Francis, ,

[Electronically Filed]

Date 11/01/2018

Signature