

# 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) 454 East 119th Street, Apt. 3001

Check if different than previously reported. (ACC)

New York

NY

10035

2. FEC IDENTIFICATION NUMBER ▼

C C00542761

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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)
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
07 / 01 / 2013 through 09 / 30 / 2013

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

MM / DD / YYYY  
10 / 15 / 2013

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Adam Clayton Powell for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	63449.60	157463.35
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	63449.60	157163.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	14496.79	52577.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	14496.79	52577.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	104585.72	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	57149.60	147292.35
(ii) Unitemized.....	5100.00	8971.00
(iii) TOTAL of contributions from individuals ▶	62249.60	156263.35
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1200.00	1200.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	63449.60	157463.35
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	63449.60	157463.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14496.79	52577.63
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 .....	0.00	300.00
(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)).....	0.00	300.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	14496.79	52877.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55632.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	63449.60
25. SUBTOTAL (add Line 23 and Line 24).....	119082.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14496.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	104585.72

**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 77
	<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)  
**Cristina Alonso Esq.**

Mailing Address 100 SE 2nd St  
Ste 4200

City Miami State FL Zip Code 33131-2113

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

Name of Employer: Carlton Fields Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 23 / 2013

**Transaction ID : VN8JRAXZHH2**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1001 37th Ave

City Long Island City State NY Zip Code 11101-6014

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

Name of Employer: Self-Employed Occupation: HVAC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 18 / 2013

**Transaction ID : VN8JRAXNFE5**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 272 Calle San Alfonso  
Ext College Park

City San Juan State PR Zip Code 00921-4730

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

Name of Employer: American Federation of Government Empl Occupation: Retired - National Organizer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 08 / 31 / 2013

**Transaction ID : VN8JRAQBWF8**

Amount of Each Receipt this Period: 2600.00

\* Earmarked Contribution: See Below

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

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

3350.00

**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 77
	<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	

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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: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013  
**Transaction ID : VN8JRAQBWF8E**  
 Amount of Each Receipt this Period  
 2600.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Jerry Atkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 W 11th St  
 Apt 1-A  
 City New York State NY Zip Code 10011-8778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Atkins & Breskin, Co. Real Estate  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : VN8JRAX5R07**  
 Amount of Each Receipt this Period  
 1050.00

**C. Brian Bernstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 Lexington Ave  
 Apt 8B  
 City New York State NY Zip Code 10016-8913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Businessman  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : VN8JRAX4QR7**  
 Amount of Each Receipt this Period  
 1000.00

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

2050.00

**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 77
	<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	

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

**A. Nydia Bertran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 265 N Shore Dr  
 City Miami Beach State FL Zip Code 33141-2425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not employed Occupation Homemaker  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : VN8JRAYWNF4**  
 Amount of Each Receipt this Period  
 500.00

**B. Jose Betancourt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 Ramsey Ave  
 City Yonkers State NY Zip Code 10701-5243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Betancourt Properties Mgmt. Corp. Occupation President  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2013  
**Transaction ID : VN8JRAX3QH5**  
 Amount of Each Receipt this Period  
 1500.00

**C. Kevin Brabazon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Bay View Ave  
 City Cornwall On Hudson State NY Zip Code 12520-1704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York University Occupation Teacher  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2013  
**Transaction ID : VN8JRAXC4T8**  
 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).....

2250.00

**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 77
	<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	

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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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2013

**Transaction ID : VN8JRAXC4T8E**

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 220 E 54th St  
Apt 7B

City New York State NY Zip Code 10022-4840

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

Name of Employer Occupation  
WQB Architecture PLLC Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2013

**Transaction ID : VN8JRAAJ8H0**

Amount of Each Receipt this Period  
100.00

\* 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2013

**Transaction ID : VN8JRAAJ8H0E**

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 9 OF 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**William Brothers III**

Mailing Address 220 E 54th St  
Apt 7B

City State Zip Code  
New York NY 10022-4840

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

Name of Employer Occupation  
WQB Architecture PLLC Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 19 / 2013

**Transaction ID : VN8JRAXM945**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 19 / 2013

**Transaction ID : VN8JRAXM945E**

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1 Cantey PI NW

City State Zip Code  
Atlanta GA 30327-4005

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

Name of Employer Occupation  
GovLink, Inc. Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 25 / 2013

**Transaction ID : VN8JRAYDED4**

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: PAGE 10 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 13862 Perkins Rd

City State Zip Code  
Baton Rouge LA 70810-3435

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

Name of Employer Occupation  
Rick Caballero Law Firm Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : VN8JRAYQC05**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2626 Jackson Ave  
Apt 505

City State Zip Code  
Long Island City NY 11101-2958

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

Name of Employer Occupation  
Jacaranda Club, LLC Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXNFP8**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Antonio M. Clayton Esq.**

Mailing Address 607 N Alexander Ave

City State Zip Code  
Port Allen LA 70767-2300

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : VN8JRAYQCB2**

Amount of Each Receipt this Period  
2600.00

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

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

4100.00

**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 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Roberto Clemente Jr.**

Mailing Address 3403 Long Meadow Ct

City Pearlland State TX Zip Code 77584-7959

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013

**Transaction ID : VN8JRAQ7PN2**

Amount of Each Receipt this Period  
 1000.00

\* 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013

**Transaction ID : VN8JRAQ7PN2E**

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 2253 3rd Ave Apt 802

City New York State NY Zip Code 10035-2234

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

Name of Employer ARCO Management Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : VN8JRAYQA35**

Amount of Each Receipt this Period  
 500.00

**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 12 OF 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Maria Cruz Cortes**

Mailing Address 2253 3rd Ave  
Apt 802

City State Zip Code  
New York NY 10035-2234

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

Name of Employer Occupation  
ARCO Management Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : VN8JRAYQA43**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 1651 South LeJuene Road

City State Zip Code  
Miami FL 33134

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

Name of Employer Occupation  
Coreplus Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2013

**Transaction ID : VN8JRAP76B6**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2013

**Transaction ID : VN8JRAP76B6E**

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).....

2500.00

**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 77
	<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	

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

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

Mailing Address 1153 Forest Ave

City State Zip Code  
Bronx NY 10456-5403

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

Name of Employer Occupation  
Lifespire, Inc. Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXNG98**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 2323 Iowa St

City State Zip Code  
Baton Rouge LA 70802-7738

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

Name of Employer Occupation  
Joe Delpit Enterprises Inc. Owner of Chicken Shack

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : VN8JRAYQBW4**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7 Urb Costa Verde  
Palmas Del Mar

City State Zip Code  
Humacao PR 00791-6036

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXFWQ5**

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).....

875.00

**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 77
	<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	

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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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXFWQ5E**

Amount of Each Receipt this Period  
250.00

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

**B. Shazam Diaz**

Full Name (Last, First, Middle Initial)  
Shazam Diaz

Mailing Address 10912 125th St

City South Ozone Park State NY Zip Code 11420-1502

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Izzo Construction Group Project Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXD270**

Amount of Each Receipt this Period  
250.00

\* 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXD270E**

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 15 OF 77
	<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	

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

**A.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXNGB4**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 440 E 117th St Apt 5B

City New York State NY Zip Code 10035-5048

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

Name of Employer Boriken Health Center Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : VN8JRAYQ9G5**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Carlos Samuel Garcia Reyes**

Mailing Address 22 Calle Gonzalez Giusti Ste 200

City Guaynabo State PR Zip Code 00968-3011

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

Name of Employer CGF Health Insurance General Agency Occupation COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2013

**Transaction ID : VN8JRAXM8P6**

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).....

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 16 OF 77
	<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	

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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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2013

**Transaction ID : VN8JRXM8P6E**

Amount of Each Receipt this Period  
250.00

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

**B. Nick Gjelij Esq.**

Full Name (Last, First, Middle Initial)  
Nick Gjelij Esq.

Mailing Address 1 Dellwood Rd

City Bronxville State NY Zip Code 10708-2023

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2013

**Transaction ID : VN8JRAYR669**

Amount of Each Receipt this Period  
500.00

\* 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2013

**Transaction ID : VN8JRAYR669E**

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 17 OF 77
	<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	

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

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

Mailing Address 106 Convent Ave  
Apt 26

City State Zip Code  
New York NY 10027-7515

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

Name of Employer Occupation  
Capital One Bank Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : VN8JRAZVW94**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 324 W 87th St  
Apt 1R

City State Zip Code  
New York NY 10024-2622

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

Name of Employer Occupation  
Ace Capital Ventures Real Estate Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXNGQ9**

Amount of Each Receipt this Period  
700.00

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

Mailing Address 1480 W Wesley Rd NW

City State Zip Code  
Atlanta GA 30327-1845

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

Name of Employer Occupation  
Greenberg Traurig Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : VN8JRAYR744**

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).....

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 18 OF 77
	<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	

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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: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : VN8JRAYR744E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Jay Halfon Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 W 88th St  
 Apt 5E  
 City New York State NY Zip Code 10024-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Attorney  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : VN8JRAYVRT9**  
 Amount of Each Receipt this Period  
 300.00  
 \* 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: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : VN8JRAYVRT9E**  
 Amount of Each Receipt this Period  
 300.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

300.00

**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 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Daniel J Halpern**

Mailing Address 1498 Willis Mill Rd SW

City Atlanta State GA Zip Code 30311-3205

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

Name of Employer Jackmont Hospitality, Inc. Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : VN8JRAY88Y7**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert J. Hantman Esq.**

Mailing Address 150 W 56th St Apt 3612

City New York State NY Zip Code 10019-3836

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

Name of Employer Hantman & Associates Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 29 / 2013

**Transaction ID : VN8JRAQCK73**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jessica Hawkins-Greenidge**

Mailing Address 20301 W Country Club Dr Apt 1626

City Aventura State FL Zip Code 33180-4304

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRAXZFX3**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

**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 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Evelyn Y. Henry**

Mailing Address 800 South Blvd

City State Zip Code  
Baton Rouge LA 70802-6340

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

Name of Employer Occupation  
New Transitions Health Center Marketing Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : VN8JRAYQBR2**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 10060 198th St

City State Zip Code  
Hollis NY 11423-3323

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

Name of Employer Occupation  
Harlem East Life Plan Administrative Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : VN8JRAYQA85**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 888 7th Ave  
FI 20

City State Zip Code  
New York NY 10106-2500

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

Name of Employer Occupation  
Self-Employed Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2013

**Transaction ID : VN8JRABH647**

Amount of Each Receipt this Period  
2600.00

\* Earmarked Contribution: See Below

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

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

4850.00

**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 77
	<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	

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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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 15 / 2013

**Transaction ID : VN8JRABH647E**

Amount of Each Receipt this Period  
2600.00

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

**B. Claude Leach Jr.**

Full Name (Last, First, Middle Initial)  
Claude Leach Jr.

Mailing Address PO Box 997

City Lake Charles State LA Zip Code 70602-0997

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sweet Lake Land and Oil Co. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : VN8JRAZWQA0**

Amount of Each Receipt this Period  
1000.00

**C. Ronald Lemkin**

Full Name (Last, First, Middle Initial)  
Ronald Lemkin

Mailing Address 24530 Grand Central Pkwy  
# 4P

City Bellerose State NY Zip Code 11426-2739

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-Employed Businessman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : VN8JRAX4R58**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**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 77
	<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)  
**Anthony Lolli**

Mailing Address 240 78th St

City State Zip Code  
Brooklyn NY 11209-3011

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

Name of Employer Occupation  
Rapid Realty Franchise LLC Founder/Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXMAJ8**

Amount of Each Receipt this Period  
2600.00

\* 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXMAJ8E**

Amount of Each Receipt this Period  
2600.00

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

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

Mailing Address 240 78th St

City State Zip Code  
Brooklyn NY 11209-3011

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

Name of Employer Occupation  
Rapid Realty Franchise LLC Founder/Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXMAN2**

Amount of Each Receipt this Period  
400.00

\* Earmarked Contribution: See Below

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

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

3000.00

**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 77
	<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	

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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: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : VN8JRAXMAN2E**  
 Amount of Each Receipt this Period  
 400.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. John D. Maguire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 168 Bromleigh Rd  
 City Stewart Manor State NY Zip Code 11530-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JD Investigations & Security, LLC Security  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : VN8JRAXNFX3**  
 Amount of Each Receipt this Period  
 300.00

**C. Alexis Maisonette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Bloom St  
 City Garnerville State NY Zip Code 10923-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired none  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2013  
**Transaction ID : VN8JRAYRVN2**  
 Amount of Each Receipt this Period  
 300.00  
 \* Earmarked Contribution: See Below

**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 24 OF 77
	<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: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2013  
**Transaction ID : VN8JRAYRVN2E**  
 Amount of Each Receipt this Period  
 300.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Jorge Mascaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5580 SW 63rd Ct  
 City Miami State FL Zip Code 33155-6467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Public Relations  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013  
**Transaction ID : VN8JRAXZG72**  
 Amount of Each Receipt this Period  
 250.00

**C. Reynaldo Mastrapa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8486 SW 138th Ter  
 City Palmetto Bay State FL Zip Code 33158-1084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Runway Grill Restaurant Owner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : VN8JRAY0975**  
 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 25 OF 77
	<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	

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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: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : VN8JRAY0975E**  
 Amount of Each Receipt this Period  
 500.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Gail McKay Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6707 Perkins Rd  
 City Baton Rouge State LA Zip Code 70808-4263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Attorney  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : VN8JRAYQC71**  
 Amount of Each Receipt this Period  
 2000.00

**C. Andrew James Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5200 NW 31st Ave  
 A-1  
 City Fort Lauderdale State FL Zip Code 33309-2504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AJ Miller Research Web Designer  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : VN8JRAYWN97**  
 Amount of Each Receipt this Period  
 500.00

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

2500.00

**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 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Duane Miranda Esq.**

Mailing Address 601 NE 36th St  
Apt 2801

City Miami State FL Zip Code 33137-3972

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

Name of Employer DMMC, Inc. Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRAXS928**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRAXS928E**

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 400 E 57th St  
Apt 17J

City New York State NY Zip Code 10022-3031

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXNFV8**

Amount of Each Receipt this Period  
500.00

**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 27 OF 77
	<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)  
**John Oxendine**

Mailing Address 2727 N Ocean Blvd  
Apt 506A

City Boca Raton State FL Zip Code 33431-7175

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

Name of Employer Blackstar Mgmt, LLC Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRAXSBA7**

Amount of Each Receipt this Period  
1000.00

\* 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRAXSBA7E**

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1 Rue Sorbonne

City Baton Rouge State LA Zip Code 70808-4682

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : VN8JRAYQCJ8**

Amount of Each Receipt this Period  
500.00

**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 28 OF 77
	<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	

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

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

Mailing Address 124 E 91st St  
Apt 5C

City State Zip Code  
New York NY 10128-1653

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

Name of Employer Occupation  
Self-Employed Artist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 19 / 2013

**Transaction ID : VN8JRAXM9F1**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 19 / 2013

**Transaction ID : VN8JRAXM9F1E**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
**Perkins Law Firm LLC**

Mailing Address 2636 Carla Ln

City State Zip Code  
Paulina LA 70763-2500

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2013

**Transaction ID : VN8JRAYQBB9**

Amount of Each Receipt this Period  
2500.00

PARTNERSHIP--partners below if itemized

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

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

2750.00

**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 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Alejandro Perkins Esq.**

Mailing Address 2636 Carla Ln

City Paulina State LA Zip Code 70763-2500

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : VN8JRAYQBG9**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
\*

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

Mailing Address 454 E 119th St Apt 3F

City New York State NY Zip Code 10035-3671

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

Name of Employer Self-employed Occupation Consultant/Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2013

**Transaction ID : VN8JRAYWQF8**

Amount of Each Receipt this Period  
10.00

**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2994.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : VN8JRAY87Z2**

Amount of Each Receipt this Period  
2000.00

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

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

2010.00

**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 77
	<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	

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

**A.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2994.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : VN8JRB3JX36**

Amount of Each Receipt this Period  
-394.60

**[MEMO ITEM]**  
\*

**B.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2994.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : VN8JRAYC443**

Amount of Each Receipt this Period  
394.60

**[MEMO ITEM]**  
\*

**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2994.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : VN8JRAY8FS3**

Amount of Each Receipt this Period  
494.60

\* In-Kind: Paid for fundraiser's lunch and boardroom.

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

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

494.60

**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 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Duplain W. Rhodes III**

Mailing Address 35 Fairway Oaks Dr

City State Zip Code  
New Orleans LA 70131-3339

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

Name of Employer Occupation  
Self-Employed Funeral Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : VN8JRB3ZP02**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7201 SW 59th St

City State Zip Code  
Miami FL 33143-1801

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

Name of Employer Occupation  
Rico Perez Products, Inc. Radio Talent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRAXSAQ6**

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 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRAXSAQ6E**

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).....

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 32 OF 77
	<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)  
**Raymond Rivera**

Mailing Address 9831 NW 58th St  
Unit 142

City Doral State FL Zip Code 33178-2715

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

Name of Employer Self-employed Occupation Jeweler

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRAXYHG6**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 122 E 91st St  
Apt 2B

City New York State NY Zip Code 10128-1662

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

Name of Employer Moonlight Management LLC Occupation Management Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2013

**Transaction ID : VN8JRAAGN33**

Amount of Each Receipt this Period  
500.00

\* 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2013

**Transaction ID : VN8JRAAGN33E**

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).....

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 33 OF 77
	<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	

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

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

Mailing Address 5 Metropolitan Oval  
Apt 8H

City State Zip Code  
Bronx NY 10462-6526

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

Name of Employer Occupation  
New York State Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRXEBY6**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRXEBY6E**

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 272 Calle San Alfonso  
Ext College Park

City State Zip Code  
San Juan PR 00921-4730

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : VN8JRAQBWK8**

Amount of Each Receipt this Period  
2600.00

\* Earmarked Contribution: See Below

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

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

2850.00

**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 77
	<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	

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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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2013

**Transaction ID : VN8JRAQBWK8E**

Amount of Each Receipt this Period  
2600.00

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

**B. Howard Rosas D.P.M.**

Full Name (Last, First, Middle Initial)  
Mailing Address 2600 Netherland Ave  
Apt 3005  
City Bronx State NY Zip Code 10463-4817

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

Name of Employer Occupation  
Inwood Footcare Podiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 18 / 2013

**Transaction ID : VN8JRAQNG07**

Amount of Each Receipt this Period  
250.00

**C. Howard Rosas D.P.M.**

Full Name (Last, First, Middle Initial)  
Mailing Address 2600 Netherland Ave  
Apt 3005  
City Bronx State NY Zip Code 10463-4817

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

Name of Employer Occupation  
Inwood Footcare Podiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : VN8JRAZVW52**

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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 35 OF 77

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

**A.** Full Name (Last, First, Middle Initial)  
**Demoine D. Rutledge Esq.**

Mailing Address 2944 Twelve Oaks Ave

City State Zip Code  
 Baton Rouge LA 70820-5719

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

Name of Employer Occupation  
 Trust Consulting L.L.C. Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : VN8JRAYQBN8**

Amount of Each Receipt this Period  
 350.00

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

Mailing Address 1020 Warburton Ave  
 Apt 10A

City State Zip Code  
 Yonkers NY 10701-1258

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

Name of Employer Occupation  
 EHCHS Boriken Health Center CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2013

**Transaction ID : VN8JRABAM02**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 1020 Warburton Ave  
 Apt 10A

City State Zip Code  
 Yonkers NY 10701-1258

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

Name of Employer Occupation  
 EHCHS Boriken Health Center CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : VN8JRAYQA28**

Amount of Each Receipt this Period  
 500.00

**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 36 OF 77
	<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	

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

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

Mailing Address 131 Lynch St

City State Zip Code  
Brooklyn NY 11206-4809

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

Name of Employer Occupation  
Animal Care & Control of NYC Call Center Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 18 / 2013

**Transaction ID : VN8JRAXNG49**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 22 Holland Ct

City State Zip Code  
Valley Stream NY 11580-2906

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

Name of Employer Occupation  
Highland Park Community Development Co Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 18 / 2013

**Transaction ID : VN8JRAXP501**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 800 Riverside Dr  
Apt 5F

City State Zip Code  
New York NY 10032-7413

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

Name of Employer Occupation  
Port Authority of NY/NJ Manager of Special Events

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013

**Transaction ID : VN8JRAZVW29**

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 37 OF 77
	<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	

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

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

Mailing Address 174 #81 Agustin Stahl

City Bayamon State PR Zip Code 00956

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2013

**Transaction ID : VN8JRX8940**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2013

**Transaction ID : VN8JRX8940E**

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 680 W Boston Post Rd Apt 3U

City Mamaroneck State NY Zip Code 10543-3450

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

Name of Employer Harlem East Life Plan Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : VN8JRAYQAT7**

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 38 OF 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan W. Steiner**

Mailing Address 47 Bellefair Rd

City Rye Brook State NY Zip Code 10573-5506

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

Name of Employer Harlem East Life Plan Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 27 / 2013**

**Transaction ID : VN8JRAYQAH6**

Amount of Each Receipt this Period  
**2000.00**

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

Mailing Address 47 Bellefair Rd

City Rye Brook State NY Zip Code 10573-5506

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

Name of Employer Harlem East Life Plan Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 27 / 2013**

**Transaction ID : VN8JRAYQAP6**

Amount of Each Receipt this Period  
**-150.00**

**[MEMO ITEM]**  
\*

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

Mailing Address 47 Bellefair Rd

City Rye Brook State NY Zip Code 10573-5506

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

Name of Employer Harlem East Life Plan Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 27 / 2013**

**Transaction ID : VN8JRAYQAQ3**

Amount of Each Receipt this Period  
**150.00**

**[MEMO ITEM]**  
\*

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

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

**2000.00**

**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 39 OF 77
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**The Fields Law Firm**

Mailing Address 2147 Government St

City State Zip Code  
Baton Rouge LA 70806-5312

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : VN8JRAYQCC0**

Amount of Each Receipt this Period  
2600.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 2147 Government St

City State Zip Code  
Baton Rouge LA 70806-5312

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

Name of Employer Occupation  
Cleo Fields & Associates President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : VN8JRAYQCD8**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
\*

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

Mailing Address 618 Cambridge Ter

City State Zip Code  
Weston FL 33326-3568

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

Name of Employer Occupation  
Watson Laboratories Inc. QA Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRAXY3F9**

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).....

2850.00

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

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

FOR LINE NUMBER: PAGE 40 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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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: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
21250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : VN8JRARY3F9E**

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
**Mark J. Weinstein Esq.**

Mailing Address 1 Van Der Donck St  
Apt 809E

City Yonkers State NY Zip Code 10701-7058

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : VN8JRAYWQN5**

Amount of Each Receipt this Period  
20.00

**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).....

20.00

57149.60



**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 41 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO**

Mailing Address 40 Rector St  
FI 12

City State Zip Code  
New York NY 10006-1705

FEC ID number of contributing federal political committee. **C C00355818**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2013

**Transaction ID : VN8JRAX8BA3**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITED STATES CUBA NOW POLITICAL ACTION COMMITTEE**

Mailing Address PO Box 15874

City State Zip Code  
Tampa FL 33684-5874

FEC ID number of contributing federal political committee. **C C00492751**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : VN8JRAXNHM6**

Amount of Each Receipt this Period  
200.00

**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).....

1200.00

1200.00

**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 42 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Amadeus Bistro Bar</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2013	
Mailing Address 350 Ave Carlos Chardon			Amount of Each Disbursement this Period 725.32	
City San Juan	State PR	Zip Code 00918-2124	Transaction ID : VN7KG9M72R9	
Purpose of Disbursement Fundraising Event		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Amadeus Bistro Bar</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2013	
Mailing Address 350 Ave Carlos Chardon			Amount of Each Disbursement this Period 32.94	
City San Juan	State PR	Zip Code 00918-2124	Transaction ID : VN7KG9M72S7	
Purpose of Disbursement Fundraising Event		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Amadeus Bistro Bar</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013	
Mailing Address 350 Ave Carlos Chardon			Amount of Each Disbursement this Period 13.72	
City San Juan	State PR	Zip Code 00918-2124	Transaction ID : VN7KG9M72T5	
Purpose of Disbursement Fundraising Event		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	771.98
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Amadeus Bistro Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013
Mailing Address 350 Ave Carlos Chardon		Amount of Each Disbursement this Period 31.17
City San Juan State PR Zip Code 00918-2124	Purpose of Disbursement Fundraising Event 003 Category/Type	
Candidate Name		Transaction ID : VN7KG9M72W1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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 09 / 15 / 2013
Mailing Address 1981 Broadway		Amount of Each Disbursement this Period 684.82
City New York State NY Zip Code 10023-5801	Purpose of Disbursement Purchase of Computer Equipment 001 Category/Type	
Candidate Name		Transaction ID : VN7KG9M5Y04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Conrad Condado Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2013
Mailing Address 999 Ave Ashford		Amount of Each Disbursement this Period 207.30
City San Juan State PR Zip Code 00907-1016	Purpose of Disbursement 002 Category/Type	
Candidate Name		Transaction ID : VN7KG9M9A29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	923.29
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Conrad Condado Plaza</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2013
Mailing Address 999 Ave Ashford		Amount of Each Disbursement this Period 207.30 <b>Transaction ID : VN7KG9M9A52</b>
City San Juan	State PR	
Zip Code 00907-1016	Purpose of Disbursement 002	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Dickens NYC 2013</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2013
Mailing Address 2155 Adam Clayton Powell Jr Blvd		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VN7KG9M95E2</b>
City New York	State NY	
Zip Code 10027-3002	Purpose of Disbursement 011	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. District 12</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 4892 Broadway		Amount of Each Disbursement this Period 302.86 <b>Transaction ID : VN7KG9MAAN5</b>
City New York	State NY	
Zip Code 10034-3135	Purpose of Disbursement 003 Fundraising Event	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	760.16
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Dolores but you can call me Lolita Restaurant &amp; Lounge</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 1000 S Miami Ave		Amount of Each Disbursement this Period 1457.00 <b>Transaction ID : VN7KG9M6R00</b>
City Miami	State FL Zip Code 33130-4109	
Purpose of Disbursement Fundraising Event	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hotwire</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2013
Mailing Address PO Box 22154		Amount of Each Disbursement this Period 194.72 <b>Transaction ID : VN7KG9M9VS5</b>
City Green Bay	State WI Zip Code 54305-2154	
Purpose of Disbursement	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hotwire</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2013
Mailing Address PO Box 22154		Amount of Each Disbursement this Period 42.67 <b>Transaction ID : VN7KG9M9VT3</b>
City Green Bay	State WI Zip Code 54305-2154	
Purpose of Disbursement	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1694.39
<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 46 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Hotwire</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2013
Mailing Address PO Box 22154		Amount of Each Disbursement this Period 98.77
City Green Bay	State WI	
Zip Code 54305-2154	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M9VG4</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 08 / 03 / 2013
Mailing Address 2701 Queens Plz N		Amount of Each Disbursement this Period 298.40
City Long Island City	State NY	
Zip Code 11101-4020	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M9VR7</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 08 / 28 / 2013
Mailing Address 2701 Queens Plz N		Amount of Each Disbursement this Period 596.80
City Long Island City	State NY	
Zip Code 11101-4020	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M95B8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	993.97
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 MM / DD / YYYY 08 / 30 / 2013
Mailing Address 2701 Queens Plz N		Amount of Each Disbursement this Period 485.60
City Long Island City	State NY	
Zip Code 11101-4020	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M95A0</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 09 / 15 / 2013
Mailing Address 2701 Queens Plz N		Amount of Each Disbursement this Period 443.80
City Long Island City	State NY	
Zip Code 11101-4020	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M95C6</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marriot Hotels &amp; Resorts</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2013
Mailing Address 161 Ocean Dr		Amount of Each Disbursement this Period 628.69
City Miami Beach	State FL	
Zip Code 33139-7212	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M73A1</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1558.09
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Neely's Barbecue Parlor</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2013
Mailing Address 1125 1st Ave		Amount of Each Disbursement this Period 51.08 <b>Transaction ID : VN7KG9M5PQ0</b>
City New York	State NY	
Zip Code 10065-8301	Purpose of Disbursement Meeting with Brent Fleming	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Neely's Barbecue Parlor</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2013
Mailing Address 1125 1st Ave		Amount of Each Disbursement this Period 141.05 <b>Transaction ID : VN7KG9M5QE0</b>
City New York	State NY	
Zip Code 10065-8301	Purpose of Disbursement Meeting with Liz Berman & Rebeca Herrero	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Neely's Barbecue Parlor</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2013
Mailing Address 1125 1st Ave		Amount of Each Disbursement this Period 54.04 <b>Transaction ID : VN7KG9M5VD0</b>
City New York	State NY	
Zip Code 10065-8301	Purpose of Disbursement Meeting with Harold Richardson	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	246.17
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Neely's Barbecue Parlor</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2013
Mailing Address 1125 1st Ave		Amount of Each Disbursement this Period 36.49
City New York	State NY	
Zip Code 10065-8301	Purpose of Disbursement 001	<b>Transaction ID : VN7KG9M73R2</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New York City Metropolitan Transit Authority</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2013
Mailing Address 347 Madison Ave Madison Avenue		Amount of Each Disbursement this Period 50.00
City New York	State NY	
Zip Code 10017-3706	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M5372</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. New York City Metropolitan Transit Authority</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 347 Madison Ave Madison Avenue		Amount of Each Disbursement this Period 50.00
City New York	State NY	
Zip Code 10017-3706	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M5PZ3</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	136.49
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. New York City Metropolitan Transit Authority</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 347 Madison Ave Madison Avenue		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : VN7KG9M5Q09</b>
City New York State NY Zip Code 10017-3706	Purpose of Disbursement Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. New York City Metropolitan Transit Authority</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2013
Mailing Address 347 Madison Ave Madison Avenue		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : VN7KG9M5V65</b>
City New York State NY Zip Code 10017-3706	Purpose of Disbursement Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. New York City Metropolitan Transit Authority</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2013
Mailing Address 347 Madison Ave Madison Avenue		Amount of Each Disbursement this Period 7.50 <b>Transaction ID : VN7KG9M6FQ3</b>
City New York State NY Zip Code 10017-3706	Purpose of Disbursement Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	72.50
<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 51 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 07 / 08 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 11.50
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M53Q9</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 07 / 08 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 23.00
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement	<b>Transaction ID : VN7KG9M53Z2</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 07 / 09 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 14.50
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M54W9</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	49.00
<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 52 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 07 / 09 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 7.00	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M55B7	
Purpose of Disbursement		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 07 / 19 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 17.00	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M55K1	
Purpose of Disbursement		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 07 / 23 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 34.50	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M55A2	
Purpose of Disbursement		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58.50
<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 53 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. NYC Taxi & Limousine Commission**

Full Name (Last, First, Middle Initial)  
Mailing Address 33 Beaver St

City New York State NY Zip Code 10004-2736

Purpose of Disbursement  002 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 25 / 2013

Amount of Each Disbursement this Period: 18.00

Transaction ID : VN7KG9M5MB9

**B. NYC Taxi & Limousine Commission**

Full Name (Last, First, Middle Initial)  
Mailing Address 33 Beaver St

City New York State NY Zip Code 10004-2736

Purpose of Disbursement  002 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 02 / 2013

Amount of Each Disbursement this Period: 9.50

Transaction ID : VN7KG9M5NH0

**C. NYC Taxi & Limousine Commission**

Full Name (Last, First, Middle Initial)  
Mailing Address 33 Beaver St

City New York State NY Zip Code 10004-2736

Purpose of Disbursement  002 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2013

Amount of Each Disbursement this Period: 10.50

Transaction ID : VN7KG9M5NJ8

**SUBTOTAL** of Disbursements This Page (optional) ..... 38.00

**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 54 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 MM / DD / YYYY 08 / 07 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period \$ 21.00 <b>Transaction ID : VN7KG9M5PA7</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 08 / 09 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period \$ 26.50 <b>Transaction ID : VN7KG9M5PB5</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 08 / 09 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period \$ 28.00 <b>Transaction ID : VN7KG9M5PC3</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 75.50
<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 55 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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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 08 / 12 / 2013
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 23.00
City New York	State NY	Zip Code 10004-2736	
Purpose of Disbursement		Category/ Type 002	<b>Transaction ID : VN7KG9M5PD1</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 08 / 15 / 2013
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 14.50
City New York	State NY	Zip Code 10004-2736	
Purpose of Disbursement		Category/ Type 002	<b>Transaction ID : VN7KG9M5PE9</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 08 / 15 / 2013
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 13.00
City New York	State NY	Zip Code 10004-2736	
Purpose of Disbursement		Category/ Type 002	<b>Transaction ID : VN7KG9M5PF7</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.50
<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 56 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 MM / DD / YYYY 08 / 21 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period \$ 15.50 <b>Transaction ID : VN7KG9M5PG5</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <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 MM / DD / YYYY 08 / 21 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period \$ 19.00 <b>Transaction ID : VN7KG9M5PH2</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <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 MM / DD / YYYY 08 / 22 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period \$ 23.00 <b>Transaction ID : VN7KG9M5PJ0</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 57.50
<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 57 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 MM / DD / YYYY 08 / 25 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period \$ 25.00	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M5PK8	
Purpose of Disbursement		Category/Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 08 / 26 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period \$ 21.00	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M5PM6	
Purpose of Disbursement		Category/Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 08 / 26 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period \$ 10.00	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M5PN4	
Purpose of Disbursement		Category/Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$ 56.00
<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 58 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 MM / DD / YYYY 08 / 29 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 9,999.99 14.50	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M5TQ6	
Purpose of Disbursement		Category/Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 09 / 03 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 9,999.99 23.00	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M5TR4	
Purpose of Disbursement		Category/Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 09 / 04 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 9,999.99 54.50	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M5TS2	
Purpose of Disbursement		Category/Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	92.00
<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 59 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 09 / 05 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 13.50
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M5TW6</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 09 / 06 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 41.00
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M5TX3</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 09 / 07 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 20.00
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M5TY1</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	74.50
<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 60 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 MM / DD / YYYY 09 / 10 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period \$ 35.00 <b>Transaction ID : VN7KG9M5V07</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <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 MM / DD / YYYY 09 / 11 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period \$ 9.00 <b>Transaction ID : VN7KG9M5V15</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <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 MM / DD / YYYY 09 / 11 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period \$ 18.00 <b>Transaction ID : VN7KG9M5V23</b>
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 62.00
<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 61 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 09 / 12 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 9.00
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M5V49</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 09 / 17 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 15.00
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M6FP5</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 09 / 21 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 63.83
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M6FR1</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	87.83
<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 62 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 09 / 27 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 35.00
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement	<b>Transaction ID : VN7KG9M73C7</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Papisito Mexican Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2013
Mailing Address 223 Dyckman St		Amount of Each Disbursement this Period 181.13
City New York	State NY	
Zip Code 10034-5314	Purpose of Disbursement Meeting with Duane Jackson & Dolores Fernandez	<b>Transaction ID : VN7KG9M5Q74</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Papisito Mexican Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 223 Dyckman St		Amount of Each Disbursement this Period 77.24
City New York	State NY	
Zip Code 10034-5314	Purpose of Disbursement	<b>Transaction ID : VN7KG9M5VE8</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	293.37
<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 63 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Adam C. Powell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 454 E 119th St Apt 3F		Amount of Each Disbursement this Period 994.24
City New York	State NY	
Zip Code 10035-3671	Purpose of Disbursement General Expenses	<b>Transaction ID : VN7KG9M95G7</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Neely's Barbecue Parlor</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2013
Mailing Address 1125 1st Ave		Amount of Each Disbursement this Period 141.94
City New York	State NY	
Zip Code 10065-8301	Purpose of Disbursement	<b>Transaction ID : VN7KG9M95B1</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 7.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement	<b>Transaction ID : VN7KG9M98Y4</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	994.24
<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 77			
	<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. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 7.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9QQ0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 7.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9QT4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 10.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M95H5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 65 OF 77	
	<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. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 15.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9QV2
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 8.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M95M9
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) <b>c. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 18.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9QW0
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 66 OF 77	
	<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. New Easy Way Taxi</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 8.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9QY5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Easy Way Taxi</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 18.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9R19
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. New Easy Way Taxi</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 11.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9R35
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 67 OF 77			
	<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. New Easy Way Taxi</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period \$ 8.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9R69
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Easy Way Taxi</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period \$ 7.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9R76
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. New Easy Way Taxi</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period \$ 10.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9R84
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 0.00
<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 68 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. New Easy Way Taxi</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 8.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9RC6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Easy Way Taxi</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 8.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9RE2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. New Easy Way Taxi</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 8.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9RG8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.00
<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 69 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 20.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9RK1  [MEMO ITEM] *
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 12.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9RN7  [MEMO ITEM] *
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. New Easy Way Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address 153 E 106th St		Amount of Each Disbursement this Period 20.00
City New York	State NY	
Zip Code 10029-4627	Purpose of Disbursement 002	Transaction ID : VN7KG9M9RQ3  [MEMO ITEM] *
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 70 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 MM / DD / YYYY 07 / 12 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 11.00
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Transaction ID : VN7KG9M9S12
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 07 / 13 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 13.50
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Transaction ID : VN7KG9M9S38
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 08 / 03 / 2013
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 13.50
City New York	State NY	
Zip Code 10004-2736	Purpose of Disbursement 002	Transaction ID : VN7KG9M9S46
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 71 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 MM / DD / YYYY 08 / 16 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 44.83	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M9S61	
Purpose of Disbursement		Category/Type 002	[MEMO ITEM] *	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 MM / DD / YYYY 08 / 21 / 2013	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 29.50	
City New York	State NY	Zip Code 10004-2736	Transaction ID : VN7KG9M9S79	
Purpose of Disbursement		Category/Type 002	[MEMO ITEM] *	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Ricardo's Steak House</b>			Date of Disbursement MM / DD / YYYY 07 / 15 / 2013	
Mailing Address 2145 2nd Ave			Amount of Each Disbursement this Period 341.52	
City New York	State NY	Zip Code 10029-3354	Transaction ID : VN7KG9M9SD7	
Purpose of Disbursement		Category/Type 003	[MEMO ITEM] *	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 72 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Prime One 16</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2013
Mailing Address 2257 1st Ave		Amount of Each Disbursement this Period 66.00 <b>Transaction ID : VN7KG9M5Q58</b>
City New York	State NY	
Purpose of Disbursement Meeting with Clark Pena		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Prime One 16</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 2257 1st Ave		Amount of Each Disbursement this Period 20.24 <b>Transaction ID : VN7KG9M73X1</b>
City New York	State NY	
Purpose of Disbursement		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Jan Prisby Bryson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 310 Marla Cir		Amount of Each Disbursement this Period 494.60 <b>Transaction ID : VN8JRAY8FS3I</b>
City Riverdale	State GA	
Purpose of Disbursement Paid for fundraiser's lunch and boardroom.		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	580.84
<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 73 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Sofrito</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2013
Mailing Address 400 E 57th St Frnt		Amount of Each Disbursement this Period 60.00
City New York	State NY	
Zip Code 10022-3019	Purpose of Disbursement Meeting with Raymond Rivera	<b>Transaction ID : VN7KG9M5J82</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sofrito</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2013
Mailing Address 400 E 57th St Frnt		Amount of Each Disbursement this Period 92.66
City New York	State NY	
Zip Code 10022-3019	Purpose of Disbursement	<b>Transaction ID : VN7KG9M5Q17</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sofrito</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2013
Mailing Address 400 E 57th St Frnt		Amount of Each Disbursement this Period 36.00
City New York	State NY	
Zip Code 10022-3019	Purpose of Disbursement	<b>Transaction ID : VN7KG9M6FM9</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	188.66
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Sofrito</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2013
Mailing Address 400 E 57th St Frnt		Amount of Each Disbursement this Period 43.30
City New York	State NY	
Zip Code 10022-3019	Purpose of Disbursement 001	<b>Transaction ID : VN7KG9M73S0</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Spirit Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2013
Mailing Address 2800 Executive Way		Amount of Each Disbursement this Period 147.78
City Miramar	State FL	
Zip Code 33025-6542	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M9AA2</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Spirit Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2013
Mailing Address 2800 Executive Way		Amount of Each Disbursement this Period 90.00
City Miramar	State FL	
Zip Code 33025-6542	Purpose of Disbursement 002	<b>Transaction ID : VN7KG9M9VM6</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	281.08
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 07 / 24 / 2013
Mailing Address 1280 Lexington Ave Frnt 2		Amount of Each Disbursement this Period 91.21 <b>Transaction ID : VN7KG9M55M9</b>
City New York State NY Zip Code 10028-2136	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2013
Mailing Address 1280 Lexington Ave Frnt 2		Amount of Each Disbursement this Period 26.12 <b>Transaction ID : VN7KG9M55N6</b>
City New York State NY Zip Code 10028-2136	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address 1280 Lexington Ave Frnt 2		Amount of Each Disbursement this Period 54.43 <b>Transaction ID : VN7KG9M5TT0</b>
City New York State NY Zip Code 10028-2136	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	91.21
<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 76 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2013
Mailing Address 1280 Lexington Ave Frnt 2		Amount of Each Disbursement this Period 139.31
City New York	State NY	
Zip Code 10028-2136	Purpose of Disbursement Office Supplies	<b>Transaction ID : VN7KG9M5TV8</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Airways</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 199.30
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement	<b>Transaction ID : VN7KG9M9AE4</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Airways</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 199.30
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement	<b>Transaction ID : VN7KG9M9AF1</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	537.91
<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 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Victor's Cafe</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013	
Mailing Address 236 W 52nd St			Amount of Each Disbursement this Period 200.29	
City New York	State NY	Zip Code 10019-5822	Transaction ID : VN7KG9M9AH7	
Purpose of Disbursement		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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:	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:	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).....	200.29
<b>TOTAL</b> This Period (last page this line number only).....	11025.97