

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Clarke for Congress

ADDRESS (number and street) 11136 200th Street

Check if different than previously reported. (ACC)

Hollis NY 11412

2. **FEC IDENTIFICATION NUMBER** C00415331

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

NY 11

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 09 09 2008 in the State of NY

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

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

Election on in the State of

5. Covering Period 07 01 2008 through 08 20 2008

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

Type or Print Name of Treasurer Ray L. Trotman

Signature of Treasurer Electronically Filed by Ray L. Trotman Date 10 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Clarke for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	8

D	D
2	0

Y	Y	Y	Y
2	0	0	8

	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)).....	44645.00	424912.97
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4650.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44645.00	420262.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	37703.77	349841.46
(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)).....	37703.77	349841.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	102119.39	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	51032.04	

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
Clarke for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
2	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

20000.00

217400.97

(ii) Unitemized.....

2145.00

26712.00

(iii) TOTAL of contributions

22145.00

244112.97

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

22500.00

180800.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

44645.00

424912.97

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

44645.00

424912.97

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37703.77	349841.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	1500.00	1500.00
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	4400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4650.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39203.77	355991.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	96678.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	44645.00
25. SUBTOTAL (add Line 23 and Line 24).....	141323.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39203.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	102119.39

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 32
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	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)
Clarke for Congress

A.

Full Name (Last, First, Middle Initial) Allen D. Applebaum		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 360 Central Park W Apt 9F		Transaction ID: C4758933
City New York	State NY	Zip Code 10025-6575
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer FTI Consulting	Occupation Attorney Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Mohammed Aziz		Date of Receipt MM / DD / YYYY 08 / 13 / 2008
Mailing Address 1360 Fulton St Ste 500		Transaction ID: C4822387
City Brooklyn	State NY	Zip Code 11216-2600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self/Delight Construction	Occupation Construction	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Janet Bagot		Date of Receipt MM / DD / YYYY 07 / 12 / 2008
Mailing Address 725 Flatbush Avenue		Transaction ID: C4685719
City Brooklyn	State NY	Zip Code 11226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NYC Department of Education	Occupation Guidance Counselor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 / 32
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.	Full Name (Last, First, Middle Initial) John Barrett		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 220-23 137th Avenue		Transaction ID: C4685245
	City Springfield Garden	State NY	Zip Code 11413
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer John Barrett & Associates- /Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Real Estate Management Election Cycle-to-Date ▼ 300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Lisa G. Berg		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
	Mailing Address 235 W 76th St Apt 4E		Transaction ID: C4758958
	City New York	State NY	Zip Code 10023-8212
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Roosevelt Cherubin, MD		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 153 E Market St		Transaction ID: C4682240
	City Long Beach	State NY	Zip Code 11561-2132
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer New York Methodist Hospital Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

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 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.	Full Name (Last, First, Middle Initial) Kendall S. Christiansen		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 151 Maple St		Transaction ID: C4679883
	City Brooklyn	State NY	Zip Code 11225-5007
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Gaia Strategies	Occupation Public Affairs Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1350.00		

B.	Full Name (Last, First, Middle Initial) Mitchell Davidson		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
	Mailing Address 510 Park Ave		Transaction ID: C4758922
	City New York	State NY	Zip Code 10022-1105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Post Capital Partners	Occupation Finance	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Michael E Fleiss		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 36 Emerson Rd		Transaction ID: C4678882
	City Glen Rock	State NJ	Zip Code 07452-2308
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Dewey & LeBoeuf LLP	Occupation attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

**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 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.	Full Name (Last, First, Middle Initial) Frank S Folk, MD	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 490 New York Ave	Transaction ID: C4762170
	City State Zip Code Brooklyn NY 11225-4264	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Physician Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00	Contribution for New Yorkers For Yvette D. Clarke 2004 Primary

B.	Full Name (Last, First, Middle Initial) Frank S Folk, MD	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 490 New York Ave	Transaction ID: C4762172
	City State Zip Code Brooklyn NY 11225-4264	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Physician Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00	Contribution for New Yorkers For Yvette D. Clarke 2004 Primary

C.	Full Name (Last, First, Middle Initial) Sandra Wilken Frowley	Date of Receipt MM / DD / YYYY 07 / 29 / 2008
	Mailing Address 545 8th Ave Bradford Construction Group	Transaction ID: C4758739
	City State Zip Code New York NY 10018-4307	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Bradford Construction Group corporate executive Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 9 / 32
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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.	Full Name (Last, First, Middle Initial) Kirk A. Goodrich	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 1105 New York Ave	Transaction ID: C4822400
	City State Zip Code Brooklyn NY 11203-4906	Amount of Each Receipt this Period 1600.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Real Estate	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

B.	Full Name (Last, First, Middle Initial) Kirk A. Goodrich	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 1105 New York Ave	Transaction ID: C4822403
	City State Zip Code Brooklyn NY 11203-4906	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Real Estate	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

C.	Full Name (Last, First, Middle Initial) Jean Joseph	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 1208 E 49th St	Transaction ID: C4822502
	City State Zip Code Brooklyn NY 11234-1513	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Joseph Tax and Consulting Services	Occupation CPA	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 32
(check only one)

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.

Full Name (Last, First, Middle Initial) Shelly Kassen		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 315 North Ave		Transaction ID: C4758951
City Westport	State CT	Zip Code 06880-1329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Town of Westport	Occupation Elected official	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Steven Mankoff		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
Mailing Address 2373 Broadway Apt 1607		Transaction ID: C4758874
City New York	State NY	Zip Code 10024-2840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Columbia University	Occupation College Administrator	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

C.

Full Name (Last, First, Middle Initial) Minyon Moore		Date of Receipt MM / DD / YYYY 07 / 19 / 2008
Mailing Address 1401 Montague St NW		Transaction ID: C4688824
City Washington	State DC	Zip Code 20011-2852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DeweySquare Group	Occupation Government Relations	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 32
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.

Full Name (Last, First, Middle Initial)
Terrence Phillips

Mailing Address 769 Saint Marks Ave
44I

City State Zip Code
Brooklyn NY 11213-1474

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

Name of Employer Occupation
Maverick Developers Real Estate Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2008

Transaction ID: C4822397

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Glenn M Reicin

Mailing Address 179 East Ln

City State Zip Code
Stamford CT 06905-3949

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

Name of Employer Occupation
Self Equity Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2008

Transaction ID: C4758916

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Richard Sands

Mailing Address 181 East 90th. Street

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Casimir Capital Business Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2008

Transaction ID: C4758952

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.

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

Mailing Address 62 W 62nd St
Apt 22C

City State Zip Code
New York NY 10023-7026

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

Name of Employer Northern Trust Occupation Investment Banking

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: C4758909

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Robert D. Yaffa

Mailing Address 1120 5th Ave
Apt 4A

City State Zip Code
New York NY 10128-0144

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

Name of Employer Grubb & Ellis Occupation Broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: C4758955

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Naftali Elad Yoran

Mailing Address 486 Mt Holly Rd

City State Zip Code
Katonah NY 10536-2403

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: C4758956

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

20000.00

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

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

FOR LINE NUMBER: PAGE 13 / 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A. Full Name (Last, First, Middle Initial)
Air Line Pilots Association Int'l

Mailing Address 1625 Massachusetts Ave. NW
8th Floor

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt MM / DD / YYYY
08 / 14 / 2008

Transaction ID: C4823049

Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Medical Association PAC

Mailing Address 1101 Vermont Avenue NW
Kevin Walker, Treasurer

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
07 / 29 / 2008

Transaction ID: C4758743

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Federal Express PAC

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
08 / 14 / 2008

Transaction ID: C4823048

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A. Full Name (Last, First, Middle Initial)
General Dynamics Vol. Political Contribution Plan

Mailing Address 2941 Fairview Park Dr
Ste 100

City Falls Church State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 0 / 2 0 0 8

Transaction ID: C4828408

Amount of Each Receipt this Period
 3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Genworth Financial Inc, PAC

Mailing Address 6620 W Broad St

City Richmond State VA Zip Code 23230-1716

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 3 / 2 0 0 8

Transaction ID: C4822439

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Association of Development Companies

Mailing Address 6764 Old McLean Village Dr

City Mc Lean State VA Zip Code 22101-3906

FEC ID number of contributing federal political committee. **C** C00332254

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 8

Transaction ID: C4762445

Amount of Each Receipt this Period
 3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A. Full Name (Last, First, Middle Initial)
National Business Travel Association

Mailing Address 110 N ROYAL STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00373910

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 19 / 2008

Transaction ID: C4689151

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Venture Capital Assn

Mailing Address 1655 Fort Myer Dr
Ste 860

City State Zip Code
Arlington VA 22209-3113

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 01 / 2008

Transaction ID: C4762511

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NCPA PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 19 / 2008

Transaction ID: C4689152

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 16 / 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A. Full Name (Last, First, Middle Initial)
New York Life Political Action Committee
Mailing Address 51 Madison Avenue
City New York State NY Zip Code 10010
FEC ID number of contributing federal political committee. **C** C00158881
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00
Date of Receipt 07 / 29 / 2008
Transaction ID: C4758742
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
New York Life Political Action Committee
Mailing Address 51 Madison Avenue
City New York State NY Zip Code 10010
FEC ID number of contributing federal political committee. **C** C00158881
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00
Date of Receipt 07 / 29 / 2008
Transaction ID: C4758741
Amount of Each Receipt this Period 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Treasury Employees Political Action Committee
Mailing Address 1750 H St NW
City Washington State DC Zip Code 20006-4600
FEC ID number of contributing federal political committee. **C** C00107128
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 07 / 11 / 2008
Transaction ID: C4685309
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00
TOTAL This Period (last page this line number only) ► 22500.00

**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)

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.	Full Name (Last, First, Middle Initial) 42nd. A.D. Community Democratic Club Mailing Address 621 East 22nd. Street City Brooklyn State NY Zip Code 11210 Purpose of Disbursement Community Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D220252 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Advance Group Mailing Address 481 Eighth Avenue City New York State NY Zip Code 10001 Purpose of Disbursement Media Consultants Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D220181 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Anderson Photo Inc., Mailing Address 318 Greene Avenue City Brooklyn State NY Zip Code 11238 Purpose of Disbursement Photo Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D220251 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 1050.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6300.00

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

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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 18 / 32

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

<p>A. Full Name (Last, First, Middle Initial) James Bryan</p> <p>Mailing Address 228 Lexington Avenue</p> <p>City Brooklyn State NY Zip Code 11216</p> <p>Purpose of Disbursement Computer/Equipment Repairs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220187</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 180.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Con Edison</p> <p>Mailing Address JAF Station PO Box 1702</p> <p>City New York State NY Zip Code 10116-1702</p> <p>Purpose of Disbursement Electric Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220185</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 322.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Con Edison</p> <p>Mailing Address JAF Station PO Box 1702</p> <p>City New York State NY Zip Code 10116-1702</p> <p>Purpose of Disbursement Electric Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D202099</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 148.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

650.88

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 19 / 32

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Con Edison</p> <p>Mailing Address JAF Station PO Box 1702</p> <p>City New York State NY Zip Code 10116-1702</p> <p>Purpose of Disbursement Electric Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220173 Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 331.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road Suite 329</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement Office Administration Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220175 Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 80.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 1600 Smith St Ste 2400</p> <p>City Houston State TX Zip Code 77002-7364</p> <p>Purpose of Disbursement Travel Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220257 Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 544.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

956.23

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 20 / 32

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.	Full Name (Last, First, Middle Initial) Earl Ferguson	Transaction ID: D220202 Date of Disbursement 07 / 08 / 2008
	Mailing Address 80 Decatur Street	Amount of Each Disbursement this Period 850.00
	City Brooklyn State NY Zip Code 11216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		005 Category/Type

B.	Full Name (Last, First, Middle Initial) JetBlue	Transaction ID: D220253 Date of Disbursement 08 / 08 / 2008
	Mailing Address 11829 Queens Blvd.	Amount of Each Disbursement this Period 569.00
	City Forest Hills State NY Zip Code 11375	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

C.	Full Name (Last, First, Middle Initial) JetBlue	Transaction ID: D220256 Date of Disbursement 08 / 01 / 2008
	Mailing Address 11829 Queens Blvd.	Amount of Each Disbursement this Period 399.00
	City Forest Hills State NY Zip Code 11375	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

SUBTOTAL of Disbursements This Page (optional)	1818.00
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)

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.	Full Name (Last, First, Middle Initial) John Flateau Enterprises, Inc., Mailing Address 368 McDonough Street Suite 100 City Brooklyn State NY Zip Code 11233 Purpose of Disbursement Campaign Consultant - Management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D220186 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) MEMJ Consulting Mailing Address 292 Halsey St City Brooklyn State NY Zip Code 11216-2404 Purpose of Disbursement Office Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D220188 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 2290.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) MEMJ Consulting Mailing Address 292 Halsey St City Brooklyn State NY Zip Code 11216-2404 Purpose of Disbursement Fundraising consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D220180 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

9690.35

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.

Full Name (Last, First, Middle Initial)
Northeastern Telephones, Inc.,

Mailing Address 1042 East 93rd. Street

City State Zip Code
Brooklyn NY 11236

Purpose of Disbursement
Repairs

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D220250

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

253.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
NYS Democratic Committee

Mailing Address 461 Park Avenue South

City State Zip Code
New York NY 10016

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D202205

Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

347.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Sidney Parker

Mailing Address 301 East 109th. Street

City State Zip Code
New York NY 10022

Purpose of Disbursement
Canvassing

Candidate Name

005
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D202203

Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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)

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paul Wooten & Associates</p> <p>Mailing Address 146 Lawrence St # 2C</p> <p>City Brooklyn State NY Zip Code 11201</p> <p>Purpose of Disbursement legal fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220176</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paul Wooten & Associates</p> <p>Mailing Address 146 Lawrence St # 2C</p> <p>City Brooklyn State NY Zip Code 11201</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220267</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PDPA</p> <p>Mailing Address 504 Flatbush Avenue</p> <p>City Brooklyn State NY Zip Code 11225</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220249</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8600.00

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)

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Yamika Rosa</p> <p>Mailing Address 1375 East 54th. Street</p> <p>City Brooklyn State NY Zip Code 11234</p> <p>Purpose of Disbursement Intern Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220247</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 291.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Dan Simonette</p> <p>Mailing Address 22 Saint Francis Pl</p> <p>City Brooklyn State NY Zip Code 11216-4111</p> <p>Purpose of Disbursement legal fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220177</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Staples Direct</p> <p>Mailing Address 500 Staples Drive</p> <p>City Framingham State MA Zip Code 01701</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D220258</p> <p>Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 350.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5642.11

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 25 / 32

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.

Full Name (Last, First, Middle Initial)
Stonewall Veteran's Association

Mailing Address 70-A Greenwich Avenue Ste. 120

City State Zip Code
New York NY 10011

Purpose of Disbursement
Community Event

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D220246

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Sun Trust Merchant

Mailing Address 4000 Coral Ridge Drive

City State Zip Code
Coral Springs FL 33065

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D220183

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

61.58

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Sun Trust Merchant

Mailing Address 4000 Coral Ridge Drive

City State Zip Code
Coral Springs FL 33065

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D202102

Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

39.46

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

351.04

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)

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Neville Tomlinson

Mailing Address 251-08 Hookcreek Blvd

City State Zip Code
Rosedale NY 11412

Purpose of Disbursement
Maintenance and custodial service
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D220174
Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Archie Spigner Station

City State Zip Code
Saint Albans NY 11412-9997

Purpose of Disbursement
Postage
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D202101
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

14.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Archie Spigner Station

City State Zip Code
Saint Albans NY 11412-9997

Purpose of Disbursement
Postage
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D220182
Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

6.07

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1520.22

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 27 / 32

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address Archie Spigner Station

City State Zip Code
Saint Albans NY 11412-9997

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D220179

Date of Disbursement

08 / 02 / 2008

Amount of Each Disbursement this Period

3.54

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3.54

TOTAL This Period (last page this line number only)

37132.37

**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 28 / 32

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

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NAME OF COMMITTEE (In Full)
Clarke for Congress

A.

Full Name (Last, First, Middle Initial)
New Yorkers For Yvette D. Clarke

Mailing Address 242 MIDWOOD STREET

City State Zip Code
BROOKLYN NY 11225

Purpose of Disbursement
New Yorkers For Yvette D. Clarke 2004 Debt Retirement - Golf Event

Candidate Name
Yvette D Clarke

Office Sought: House
 Senate
 President
State: NY District: 11

Disbursement For: 2004
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: D220248

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

2004 Primary Committee

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

TOTAL This Period (last page this line number only) ►

1500.00

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Clarke for Congress

Transaction ID: L381

LOAN SOURCE Full Name (Last, First, Middle Initial)
Hon. Yvette D. Clarke, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 260 Midwood St

City Brooklyn State NY ZIP Code 11225-5408

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred: MM/YY 08/22, YYYY 2006
Date Due: 10/01/2008
Interest Rate: .0000 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	20000.00
TOTALS This Period (last page in this line only)	▶	20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 / 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Clarke for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor All Brand Checkwriter Co	Nature of Debt (Purpose): Equipment Repairs
Mailing Address 40 Exchange Place Suite 402	
City State ZIP Code New York NY 10005-2701	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: D220245	
Amount Incurred This Period <input type="text" value="135.47"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="135.47"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor City of New York Environmental Control Board	Nature of Debt (Purpose): Campaign Tickets
Mailing Address 66 John Street 10th. Fl	
City State ZIP Code New York NY 10038	

Outstanding Balance Beginning This Period <input type="text" value="16275.00"/>	Transaction ID: D139158	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16275.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Knickerbocker SKD	Nature of Debt (Purpose): Professional Services
Mailing Address 594 Broadway Suite 610	
City State ZIP Code New York NY 10012	

Outstanding Balance Beginning This Period <input type="text" value="10000.00"/>	Transaction ID: D119749	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="26410.47"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Clarke for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Knickerbocker SKD	Nature of Debt (Purpose): Professional Services
Mailing Address 594 Broadway Suite 610	
City State ZIP Code New York NY 10012	

Outstanding Balance Beginning This Period 1500.00	Transaction ID: D124540	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NGP	Nature of Debt (Purpose): Office Administration -Software Rental
Mailing Address 1225 Eye Street NW suite 1225	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D220244	
Amount Incurred This Period 1950.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1950.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Telephone Services
Mailing Address PO Box 15124	
City State ZIP Code Albany NY 12212-5124	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D220262	
Amount Incurred This Period 603.44	Payment This Period 0.00	Outstanding Balance at Close of This Period 603.44

1) SUBTOTALS This Period This Page (optional).....	4053.44
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 / 32	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Clarke for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone Services
Mailing Address PO Box 15124			
City Albany	State NY	ZIP Code 12212-5124	

Outstanding Balance Beginning This Period		Transaction ID: D220263	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
568.13	0.00	568.13	

1) SUBTOTALS This Period This Page (optional).....	568.13
2) TOTALS This Period (last page this line number only).....	31032.04
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	20000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	51032.04