

# 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  
Committee to Elect Gary L. Ackerman, Inc.

ADDRESS (number and street) 100 Jericho Quadrangle, # 233  
 Check if different than previously reported. (ACC)  
Jericho NY 11753

2. **FEC IDENTIFICATION NUMBER** C00165241  
**CITY** STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
NY 05

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 in the State of  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 01 01 2008 through 03 31 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 Robert Barnett

Signature of Treasurer Electronically Filed by Robert Barnett Date 04 14 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.

Office Use Only **FEC FORM 3** (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Committee to Elect Gary L. Ackerman, Inc.

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

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)).....	67200.00	454872.52
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	67200.00	454872.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	43016.08	311813.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	646.55	2730.73
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	42369.53	309082.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	825397.53	
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  
Committee to Elect Gary L. Ackerman, Inc.

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

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).....

60900.00

305813.78

(ii) Unitemized.....

300.00

4803.00

(iii) TOTAL of contributions

61200.00

310616.78

from individuals..... ▶

0.00

5.74

(b) Political Party Committees.....

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

6000.00

144250.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

67200.00

454872.52

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.).....

646.55

2730.73

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

3845.21

26248.76

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

71691.76

483852.01

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	43016.08	311813.59
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	31358.00	208156.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	74374.08	519969.59

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	828079.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	71691.76
25. SUBTOTAL (add Line 23 and Line 24).....	899771.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	74374.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	825397.53

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Matthew Botein

Mailing Address 164 Deer Rd.

City State Zip Code  
Brookline MA 02445-4246

FEC ID number of contributing federal political committee. C

Name of Employer Highfields Capital Management  
Occupation Investment Manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 29 / 2008

**Transaction ID:** C21988

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 Brooks

Mailing Address 8411 Danford Ct.

City State Zip Code  
Springfield VA 22152

FEC ID number of contributing federal political committee. C

Name of Employer Evergreen Associates  
Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 04 / 2008

**Transaction ID:** C21979

Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Joseph Cayre

Mailing Address 3542 Bedford Ave.

City State Zip Code  
Brooklyn NY 11210

FEC ID number of contributing federal political committee. C

Name of Employer Midtown Equities  
Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 26 / 2008

**Transaction ID:** C22015

Amount of Each Receipt this Period 300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1800.00

**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 / 63
(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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Cayre		Date of Receipt MM / DD / YYYY 03 / 26 / 2008		
	Mailing Address 3542 Bedford Ave.		<b>Transaction ID:</b> C22014		
	City Brooklyn	State NY	Zip Code 11210	Amount of Each Receipt this Period 2000.00	
	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 Midtown Equities	Occupation CEO			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00				

<b>B.</b>	Full Name (Last, First, Middle Initial) Gautam Chawla		Date of Receipt MM / DD / YYYY 03 / 17 / 2008		
	Mailing Address 35 N. Moore St. Apt. 6A		<b>Transaction ID:</b> C21990		
	City New York	State NY	Zip Code 10013-5713	Amount of Each Receipt this Period 250.00	
	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 Citigroup	Occupation Banker			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00				

<b>C.</b>	Full Name (Last, First, Middle Initial) Mitchell S. Eitel		Date of Receipt MM / DD / YYYY 02 / 29 / 2008		
	Mailing Address 27 Great Jones St. Apt. 6E		<b>Transaction ID:</b> C21991		
	City New York	State NY	Zip Code 10012-1171	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 Sullivan & Cromwell	Occupation Attorney			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> 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 / 63
	<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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
J. Christopher Flowers

Mailing Address 66 E. 79th St.  
Apt. 14

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
J.C. Flowers & Co. Investor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2008

**Transaction ID: C21985**

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)  
Ashrita Furman

Mailing Address 150-30 86th Ave.

City State Zip Code  
Jamaica NY 11432-3308

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

Name of Employer Occupation  
Guru Health Foods Store Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2008

**Transaction ID: C22032**

Amount of Each Receipt this Period  
700.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ashrita Furman

Mailing Address 150-30 86th Ave.

City State Zip Code  
Jamaica NY 11432-3308

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

Name of Employer Occupation  
Guru Health Foods Store Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2008

**Transaction ID: C22031**

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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 / 63
	<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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) David Gelobter	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 5 E. 22nd St. Apt. 27C	<b>Transaction ID:</b> C21989
	City State Zip Code New York NY 10010	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 Occupation Emerson Capital Finance Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark L. Gold	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 7 Beech Ln.	<b>Transaction ID:</b> C22039
	City State Zip Code Great Neck NY 11024-1716	Amount of Each Receipt this Period 250.00
	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 HillMark Capital Investment Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lloyd Goldman	Date of Receipt MM / DD / YYYY 03 / 26 / 2008
	Mailing Address 941 Park Ave.	<b>Transaction ID:</b> C22016
	City State Zip Code New York NY 10028-0318	Amount of Each Receipt this Period 2300.00
	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 Building Management Co. Real Estate Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3050.00
<b>TOTAL</b> 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 9 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Gregory Vance Gooding

Mailing Address 919 3rd Ave.

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. C

Name of Employer Debevoise & Plimpton Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
02 / 29 / 2008

Transaction ID: C21994

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)  
Milton Gralla

Mailing Address PO Box 1623

City State Zip Code  
Fort Lee NJ 07024

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation N/A

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
03 / 27 / 2008

Transaction ID: C22033

Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Edward Grebow

Mailing Address 1136 5th Ave.  
Apt. 11C

City State Zip Code  
New York NY 10128-0122

FEC ID number of contributing federal political committee. C

Name of Employer J.C. Flowers & Co. Occupation Banker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
02 / 29 / 2008

Transaction ID: C21995

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) ..... 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: (check only one)	PAGE 10 / 63
	<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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen L. Green	Date of Receipt MM / DD / YYYY 03 / 26 / 2008
	Mailing Address 845 UN Plz. Apt. 65B	<b>Transaction ID:</b> C22017
	City State Zip Code New York NY 10017-3538	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer S.L. Green Realty Occupation Chairman Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John M. Howard	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 1 Bryam Ct.	<b>Transaction ID:</b> C21996
	City State Zip Code Mendham NJ 07945	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Crump Group Occupation Insurance Executive Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rona T. Jutkowitz	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 5 North Dr.	<b>Transaction ID:</b> C22040
	City State Zip Code Great Neck NY 11021	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Edward I. Jutkowitz, DMD Occupation Office Manager Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> 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 11 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Avshalom Kalichstein

Mailing Address 35 E. 84th St.

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
J.C. Flowers & Co. Investment Executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: C22013

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)  
Daniel Katsikas

Mailing Address 38 Beverly Dr.

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
J.C. Flowers & Co. Executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: C21998

Amount of Each Receipt this Period  
400.00

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

**C.** Full Name (Last, First, Middle Initial)  
George S. Kaufman

Mailing Address 888 Park Ave.

City State Zip Code  
New York NY 10075-0235

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

Name of Employer Occupation  
Kaufman Organization Real Estate Executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

Transaction ID: C22018

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3400.00**

**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 / 63  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Chulwoo Lee

Mailing Address 10 Meadow Lark Ln.

City State Zip Code  
Oyster Bay Cove NY 11771-3310

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

Name of Employer Occupation  
Bright Computer President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2008

**Transaction ID:** C21999

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)  
John N. Lieber

Mailing Address 180 Marlborough Rd.

City State Zip Code  
Brooklyn NY 11226

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

Name of Employer Occupation  
Silverstein Properties Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID:** C22019

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)  
Scott Littlejohn

Mailing Address 3 Darby Ct.

City State Zip Code  
Annandale NJ 08801-3347

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

Name of Employer Occupation  
Bank of America Securities Investment Banker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2008

**Transaction ID:** C21986

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) ..... ►

**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 / 63
	<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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Leonard Litwin		Date of Receipt
	Mailing Address 18 Broadlawn Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 26 / 2008
	City	State	Zip Code
	Great Neck	NY	11024
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C22020
Name of Employer Glenwood Management		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="text"/> 4600.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Jamy R.M. Liu		Date of Receipt
	Mailing Address 222-21 Kenilworth Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 30 / 2008
	City	State	Zip Code
	Bayside	NY	11364-1427
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C21981
Name of Employer Creative Business Services		Occupation Manager	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) William Mack		Date of Receipt
	Mailing Address 760 Park Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 07 / 2008
	City	State	Zip Code
	New York	NY	10021
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C21982
Name of Employer The Mack Co.		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 6300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 63  
(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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Evan M. Mallah

Mailing Address 31 Reni Rd.

City State Zip Code  
Manhasset NY 11030-1222

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

Name of Employer Occupation  
The Mallah Organization Real Estate Investor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: C22000

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)  
David M. Mead

Mailing Address 408 W. 34th St.  
Apt. 4B

City State Zip Code  
New York NY 10001-2319

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

Name of Employer Occupation  
Citigroup Investment Banker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: C22001

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)  
Joshua L. Muss

Mailing Address 11 Rutherford Ln.

City State Zip Code  
Lawrence NY 11559

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

Name of Employer Occupation  
Muss Development Co. Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

Transaction ID: C22021

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) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 63

(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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Charles A. Myers

Mailing Address 32 Circuit Rd.

City State Zip Code  
Tuxedo NY 10987-4046

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

Name of Employer Occupation  
Fox-Pitt Kelton Investment Banker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 8

Transaction ID: C22002

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)  
Joseph Patt

Mailing Address 585 West End Ave.  
Apt. 4A

City State Zip Code  
New York NY 10024-1715

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

Name of Employer Occupation  
Citigroup Trader

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: C22003

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)  
Burton P. Resnick

Mailing Address 465 Park Ave.  
Apt. 18B

City State Zip Code  
New York NY 10022-1919

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

Name of Employer Occupation  
Jack Resnick & Sons Real Estate Developer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 8

Transaction ID: C22022

Amount of Each Receipt this Period

2000.00

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

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

4000.00

**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 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Sally A. Rocker

Mailing Address 1172 Park Ave.  
Apt. 4C

City State Zip Code  
New York NY 10128-1213

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
J.C. Flowers & Co. Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

**Transaction ID:** C22004

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)  
Adam R. Rose

Mailing Address PO Box 657

City State Zip Code  
Cross River NY 10518

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Rose Associates Real Estate Developer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	8

**Transaction ID:** C22023

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Stephen M. Ross

Mailing Address 60 Columbus Cir.

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Related Companies Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	8

**Transaction ID:** C22024

Amount of Each Receipt this Period  
2000.00

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 17 / 63  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) William C. Rudin</p> <p>Mailing Address 345 Park Ave.</p> <p>City State Zip Code New York NY 10154</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Rudin Management Co. Occupation: Real Estate Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> C22025</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) David Schamis</p> <p>Mailing Address 10 Backs Farm Ln.</p> <p>City State Zip Code Sands Point NY 11050</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: J.C. Flowers &amp; Co. Occupation: Private Equity Manager</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> C22005</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Lisa M. Schamis</p> <p>Mailing Address 7 E. 14th St. Apt 208</p> <p>City State Zip Code New York NY 10003</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Manhattan Center Studios Occupation: Sales Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Transaction ID:</b> C22006</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">5300.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Michael L. Schamis

Mailing Address 2 Princeton Dr.

City State Zip Code  
Plainview NY 11803-1821

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

Name of Employer Michael L. Schamis DDS Occupation Dentist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: C22007

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
David Schimel

Mailing Address 105 Hampshire Rd.

City State Zip Code  
Great Neck NY 11023-1230

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

Name of Employer National Health Resources Occupation Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2008

Transaction ID: C22041

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wolfgang Schoellkopf

Mailing Address 800 5th Ave.  
Apt. 17A

City State Zip Code  
New York NY 10021-7216

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

Name of Employer Lykos Capital Occupation Banker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: C22008

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) ..... ► **2750.00**

**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: <span style="float: right;">PAGE 19 / 63</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brian T. Schreiber</p> <p>Mailing Address 1185 Park Ave. Apt. 3G</p> <p>City State Zip Code New York NY 10128-1309</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AIG Financial Services Planner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 29 / 2008</p> <p><b>Transaction ID:</b> C22009</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Amy Rose Silverman</p> <p>Mailing Address 1115 5th Ave. Apt. 8C</p> <p>City State Zip Code New York NY 10128-0100</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Rose Associates Co-President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 26 / 2008</p> <p><b>Transaction ID:</b> C22026</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Larry A. Silverstein</p> <p>Mailing Address 250 Greenwich St.</p> <p>City State Zip Code New York NY 10007</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Silverstein Properties President and CEO</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2300.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 26 / 2008</p> <p><b>Transaction ID:</b> C22027</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4550.00</b>
<b>TOTAL</b> 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 20 / 63

(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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Todd Alexander Sinett

Mailing Address 11 Cedar Ln.

City State Zip Code  
Sands Point NY 11050-1334

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sinett Chiropractic Chiropractor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
02 / 26 / 2008

**Transaction ID:** C22010

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)  
Jacob Stein

Mailing Address 20 Jerusalem Ave.

City State Zip Code  
Hicksville NY 11801

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Jacob Stein Realty Principal

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
02 / 06 / 2008

**Transaction ID:** C21983

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)  
Cory Wishengrad

Mailing Address 299 Riverside Dr.  
Apt. 2B

City State Zip Code  
New York NY 10025-5278

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Lehman Brothers Senior Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** C22011

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 21 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
John E. Zuccotti

Mailing Address 3 World Financial Ctr.  
Suite 11

City State Zip Code  
New York NY 10281-1013

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

Name of Employer Occupation  
Brookfield Properties Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID:** C22028

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)  
Donald Zucker

Mailing Address 103 W. 55th St.

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Donald Zucker Co. Chairman of the Board

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID:** C22029

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ari J. Zweiman

Mailing Address 30 W. 63rd St.  
Apt. 30M

City State Zip Code  
New York NY 10023-7103

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

Name of Employer Occupation  
685 Capital Management Financial Analyst

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2008

**Transaction ID:** C22012

Amount of Each Receipt this Period  
500.00

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: (check only one)	PAGE 22 / 63
	<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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Passport Management		Date of Receipt
	Mailing Address 30 Hotaling Pl. Suite 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94111
	FEC ID number of contributing federal political committee.		Transaction ID: C21987
Name of Employer Partnership		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) PARTNERSHIP--partners below if itemized
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) John H. Burbank, III		Date of Receipt
	Mailing Address 2529 Union St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94123
	FEC ID number of contributing federal political committee.		Transaction ID: C21846
Name of Employer Passport Management		Occupation Partner	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 60900.00

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

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

FOR LINE NUMBER: PAGE 23 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
American Federation of Teachers

Mailing Address Committee on Political Education  
555 New Jersey Ave., NW

City Washington State DC Zip Code 20001-2029

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
03 / 04 / 2008

**Transaction ID:** C22030

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)  
Friends of Jon Cohen

Mailing Address 3 Lake Rd.

City Great Neck State NY Zip Code 11020-1612

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
02 / 08 / 2008

**Transaction ID:** C21984

Amount of Each Receipt this Period 500.00

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

Contribution with permissible funds

**C.** Full Name (Last, First, Middle Initial)  
Metropolitan Life Insurance Company

Mailing Address Emp Political Participation Fund A  
1 Met Life Plz.

City Long Island City State NY Zip Code 11101

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
03 / 27 / 2008

**Transaction ID:** C22034

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) ..... ► 3500.00

**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 24 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
New York Life Political Action Committee  
Mailing Address 51 Madison Ave.  
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 ▼ 5000.00  
Date of Receipt: MM / DD / YYYY 03 / 03 / 2008  
Transaction ID: C22035  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
United Automobile Workers  
Mailing Address UAW V CAP  
8000 E. Jefferson Ave.  
City Detroit State MI Zip Code 48214-3963  
FEC ID number of contributing federal political committee. **C** C00002840  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt: MM / DD / YYYY 02 / 04 / 2008  
Transaction ID: C21980  
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)  
Verizon Communications Inc.  
Mailing Address Good Government Club  
771 Parkway Ave.  
City Ewing State NJ Zip Code 08618  
FEC ID number of contributing federal political committee. **C** C00186288  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00  
Date of Receipt: MM / DD / YYYY 03 / 27 / 2008  
Transaction ID: C22036  
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) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ► 6000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 25 / 63</span>
	(check only one)
<input 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 checked="" type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

**A.**

Full Name (Last, First, Middle Initial) Gary L. Ackerman		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
Mailing Address 113 Deer Run		<b>Transaction ID:</b> C22038
City Roslyn Heights	State NY	Zip Code 11577
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer	Occupation	<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 ▼ 800.00	
		Car expenses

**B.**

Full Name (Last, First, Middle Initial) New York State Department of Labor		Date of Receipt MM / DD / YYYY 01 / 08 / 2008
Mailing Address UI Division Harriman State Campus		<b>Transaction ID:</b> C21965
City Albany	State NY	Zip Code 12240-0415
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 286.22
Name of Employer	Occupation	<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 ▼ 286.22	
		Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>636.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>636.22</b>

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

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

FOR LINE NUMBER: PAGE 26 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

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

Mailing Address P. O. Box 5870  
Grand Central Station

City State Zip Code  
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7709.01

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	8

Transaction ID: C22050

Amount of Each Receipt this Period  
6.89

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

\* Interest

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

Mailing Address P. O. Box 5870  
Grand Central Station

City State Zip Code  
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7709.01

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	8

Transaction ID: C22048

Amount of Each Receipt this Period  
462.16

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

\* Interest

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

Mailing Address P. O. Box 5870  
Grand Central Station

City State Zip Code  
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7709.01

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	9	/	2	0	0	8

Transaction ID: C22051

Amount of Each Receipt this Period  
6.45

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

\* Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **475.50**

**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 27 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

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

Mailing Address P. O. Box 5870  
Grand Central Station

City State Zip Code  
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7709.01

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

Transaction ID: C22049

Amount of Each Receipt this Period  
433.40

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

\* Interest

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

Mailing Address P. O. Box 5870  
Grand Central Station

City State Zip Code  
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7709.01

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

Transaction ID: C22053

Amount of Each Receipt this Period  
464.42

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

\* Interest

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

Mailing Address P. O. Box 5870  
Grand Central Station

City State Zip Code  
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7709.01

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

Transaction ID: C22052

Amount of Each Receipt this Period  
6.90

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

\* Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **904.72**

**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 28 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Family Management Securities

Mailing Address 477 Madison Ave.  
14th Floor

City State Zip Code  
New York NY 10022-5802

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18539.75

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

Transaction ID: C22042

Amount of Each Receipt this Period  
27.67

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

\* Interest

**B.** Full Name (Last, First, Middle Initial)  
Family Management Securities

Mailing Address 477 Madison Ave.  
14th Floor

City State Zip Code  
New York NY 10022-5802

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18539.75

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2008

Transaction ID: C22043

Amount of Each Receipt this Period  
2.93

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

\* Capital Gains

**C.** Full Name (Last, First, Middle Initial)  
Family Management Securities

Mailing Address 477 Madison Ave.  
14th Floor

City State Zip Code  
New York NY 10022-5802

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18539.75

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: C22045

Amount of Each Receipt this Period  
1876.00

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

\* Capital Gains

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1906.60**

**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 29 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Family Management Securities  
Mailing Address 477 Madison Ave.  
14th Floor  
City State Zip Code  
New York NY 10022-5802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼  
18539.75  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8  
Transaction ID: C22044  
Amount of Each Receipt this Period  
13.09  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**B.** Full Name (Last, First, Middle Initial)  
Family Management Securities  
Mailing Address 477 Madison Ave.  
14th Floor  
City State Zip Code  
New York NY 10022-5802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼  
18539.75  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8  
Transaction ID: C22047  
Amount of Each Receipt this Period  
532.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Capital Gains

**C.** Full Name (Last, First, Middle Initial)  
Family Management Securities  
Mailing Address 477 Madison Ave.  
14th Floor  
City State Zip Code  
New York NY 10022-5802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼  
18539.75  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8  
Transaction ID: C22046  
Amount of Each Receipt this Period  
13.30  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **558.39**  
**TOTAL** This Period (last page this line number only) ..... ▶ **3845.21**

# 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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit-card processing fee Candidate Name	Transaction ID: D11920 Date of Disbursement 03 / 03 / 2008
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) ▼	Category/Type 003

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit-card processing fee Candidate Name	Transaction ID: D11921 Date of Disbursement 03 / 05 / 2008
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) ▼	Category/Type 003

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Barnett Mailing Address 10 LeCluse Ln. City Huntington State NY Zip Code 11743 Purpose of Disbursement Salary Candidate Name	Transaction ID: D11919 Date of Disbursement 03 / 31 / 2008
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) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1742.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

**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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Bayside Florist <hr/> Mailing Address 39-19 Bell Blvd. <hr/> City Bayside State NY Zip Code 11361 <hr/> Purpose of Disbursement Campaign Flowers Candidate Name <hr/> 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: D11794 Date of Disbursement 01 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 260.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Bayside Florist <hr/> Mailing Address 39-19 Bell Blvd. <hr/> City Bayside State NY Zip Code 11361 <hr/> Purpose of Disbursement Campaign Flowers Candidate Name <hr/> 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: D11860 Date of Disbursement 02 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 59.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Ben's Best Restaurant <hr/> Mailing Address 96-40 Queens Blvd. <hr/> City Rego Park State NY Zip Code 11374 <hr/> Purpose of Disbursement Volunteer Expenses Candidate Name <hr/> 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: D11862 Date of Disbursement 02 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 315.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**636.33**

**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)

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<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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) CNA Insurance  Mailing Address PO Box 382033  City Pittsburgh State PA Zip Code 15250-8033  Purpose of Disbursement Auto and Business Insurance 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: D11786 Date of Disbursement 02 / 07 / 2008  Amount of Each Disbursement this Period 404.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Comcast  Mailing Address PO Box 3005  City Southeastern State PA Zip Code 19398-3005  Purpose of Disbursement Internet Access 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: D11798 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 27.32  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) David L. Andrukitis, Inc.  Mailing Address Printing & Mailing Services 50 E St., SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Printing (Gen. Camp. Exp.) 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: D11865 Date of Disbursement 02 / 24 / 2008  Amount of Each Disbursement this Period 622.60  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1053.92**

**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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Alan Gershuny <hr/> Mailing Address 161-55 Jewel Ave. <hr/> City Flushing State NY Zip Code 11365 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11917 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 863.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Alan Gershuny <hr/> Mailing Address 161-55 Jewel Ave. <hr/> City Flushing State NY Zip Code 11365 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11916 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 838.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Daniel Getman <hr/> Mailing Address 55 Soundview Ave. <hr/> City White Plains State NY Zip Code 10606 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11914 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1846.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**3548.52**

**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)

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<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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Getman  Mailing Address 55 Soundview Ave.  City White Plains State NY Zip Code 10606  Purpose of Disbursement Salary 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: D11915 Date of Disbursement 02 / 29 / 2008  Amount of Each Disbursement this Period 1846.04  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Getman  Mailing Address 55 Soundview Ave.  City White Plains State NY Zip Code 10606  Purpose of Disbursement Salary 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: D11913 Date of Disbursement 03 / 31 / 2008  Amount of Each Disbursement this Period 1846.04  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Jordan H. Goldes  Mailing Address 220-55 46th Ave. Apt. 10P  City Bayside State NY Zip Code 11361  Purpose of Disbursement Salary 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: D11912 Date of Disbursement 01 / 31 / 2008  Amount of Each Disbursement this Period 424.60  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

4116.68

**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)  
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)  
Jordan H. Goldes

Transaction ID: D11911  
Date of Disbursement

Mailing Address 220-55 46th Ave.  
Apt. 10P

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	0	8

City Bayside State NY Zip Code 11361

Amount of Each Disbursement this Period

424.60
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Purpose of Disbursement  
Salary

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Jordan H. Goldes

Transaction ID: D11910  
Date of Disbursement

Mailing Address 220-55 46th Ave.  
Apt. 10P

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

City Bayside State NY Zip Code 11361

Amount of Each Disbursement this Period

424.60
--------

Purpose of Disbursement  
Salary

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
IntaBoro

Transaction ID: D11875  
Date of Disbursement

Mailing Address 88-19 101st Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	0	8

City Ozone Park State NY Zip Code 11416

Amount of Each Disbursement this Period

175.95
--------

Purpose of Disbursement  
Candidate Travel

002
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

1025.15
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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)

<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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Mahfar Group <hr/> Mailing Address PO Box 4053 <hr/> City State Zip Code Great Neck NY 11023 <hr/> Purpose of Disbursement Office Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11813 Date of Disbursement 01 / 21 / 2008 <hr/> 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) Mangosoft <hr/> Mailing Address 29 Riverside St. Suite A <hr/> City State Zip Code Nashua NH 03062 <hr/> Purpose of Disbursement Computer Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11880 Date of Disbursement 02 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 119.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Jedd I. Moskowitz <hr/> Mailing Address 7424 Miller Fall Rd. <hr/> City State Zip Code Derwood MD 20855 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11909 Date of Disbursement 01 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 444.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2964.48

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)

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<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)  
Committee to Elect Gary L. Ackerman, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jedd I. Moskowitz</p> <p>Mailing Address 7424 Miller Fall Rd.</p> <p>City Derwood State MD Zip Code 20855</p> <p>Purpose of Disbursement Salary 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><b>Transaction ID:</b> D11905 <b>Date of Disbursement</b> 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 444.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jedd I. Moskowitz</p> <p>Mailing Address 7424 Miller Fall Rd.</p> <p>City Derwood State MD Zip Code 20855</p> <p>Purpose of Disbursement Salary 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><b>Transaction ID:</b> D11908 <b>Date of Disbursement</b> 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 444.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy St.</p> <p>City Washington State DC Zip Code 20003-4071</p> <p>Purpose of Disbursement Volunteer Expenses 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><b>Transaction ID:</b> D11882 <b>Date of Disbursement</b> 02 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 49.32</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) ..... ▶

938.48

**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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) National Women's Party  Mailing Address Sewall-Belmont House and Museum 144 Consitution Ave., NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Catering (Fundraising) <span style="float: right;">003</span> Candidate Name <span style="float: right;">Category/Type</span>  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: D11817 Date of Disbursement 01 / 24 / 2008  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) NGP Software  Mailing Address 1225 I St. Suite 1225  City Washington State DC Zip Code 20005  Purpose of Disbursement Computer Service <span style="float: right;">001</span> Candidate Name <span style="float: right;">Category/Type</span>  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: D11820 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 450.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) NYS Employment Tax  Mailing Address P. O. Box 1589  City Albany State NY Zip Code 12201  Purpose of Disbursement Payroll Liabilities <span style="float: right;">001</span> Candidate Name <span style="float: right;">Category/Type</span>  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: D11821 Date of Disbursement 01 / 29 / 2008  Amount of Each Disbursement this Period 823.38  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1773.38</b>
<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)

<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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Peter Luger Steak House	Transaction ID: D11883 Date of Disbursement 02 / 10 / 2008
	Mailing Address 185-195 Broadway	Amount of Each Disbursement this Period 481.75
	City Brooklyn State NY Zip Code 11211	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Food & Refreshments Candidate Name	003 Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Queens Chronicle	Transaction ID: D11824 Date of Disbursement 01 / 21 / 2008
	Mailing Address 62-33 Woodhaven Blvd. PO Box 74-7769	Amount of Each Disbursement this Period 250.00
	City Rego Park State NY Zip Code 11374-7769	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Print Ads Candidate Name	004 Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Queens Courier	Transaction ID: D11826 Date of Disbursement 01 / 21 / 2008
	Mailing Address 38-15 Bell Blvd.	Amount of Each Disbursement this Period 275.00
	City Bayside State NY Zip Code 11361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Print Ads Candidate Name	004 Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1006.75
<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)

<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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Queens Gazette  Mailing Address 42-16 34th Ave.  City Long Island City State NY Zip Code 11101 Purpose of Disbursement Print Ads 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: D11827 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Queens Ledger Newspaper Group  Mailing Address 69-60 Grand Ave. PO Box 780-376  City Maspeth State NY Zip Code 11378 Purpose of Disbursement Print Ads 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: D11828 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Queens Times  Mailing Address 48-08 111th St.  City Corona State NY Zip Code 11368 Purpose of Disbursement Print Ads 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: D11829 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**385.00**

**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)

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<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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Queens Tribune  Mailing Address 174-15 Horace Harding Expy.  City Fresh Meadows State NY Zip Code 11365  Purpose of Disbursement Print Ads 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: D11830 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>540.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	1	/	2	0	0	8	540.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	1	/	2	0	0	8														
540.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Receivable  Mailing Address 1 Exchange Plz. Suite 201  City New York State NY Zip Code 10006  Purpose of Disbursement NYS Workers Compensation 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: D11924 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>678.50</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	8	678.50
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	7	/	2	0	0	8														
678.50																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Rumore, Nagy & Siro  Mailing Address 384 Larkfield Rd. Suite 1  City East Northport State NY Zip Code 11731  Purpose of Disbursement Accounting Service 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: D11835 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>800.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	1	/	2	0	0	8	800.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	1	/	2	0	0	8														
800.00																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td>2018.50</td> </tr> </table>	2018.50
2018.50		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

**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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Silverberg & Associates  Mailing Address 9571 SE 43rd St.  City Mercer Island State WA Zip Code 98040  Purpose of Disbursement Fundraising Consultant 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: D11837 Date of Disbursement 01 / 21 / 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
<b>B.</b>	Full Name (Last, First, Middle Initial) Suntrust Merchant Services  Mailing Address 1945 The Exchange, SE  City Atlanta State GA Zip Code 30339-2057  Purpose of Disbursement Credit-card processing fee 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: D11787 Date of Disbursement 01 / 11 / 2008  Amount of Each Disbursement this Period 45.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Suntrust Merchant Services  Mailing Address 1945 The Exchange, SE  City Atlanta State GA Zip Code 30339-2057  Purpose of Disbursement Credit-card processing fee 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: D11788 Date of Disbursement 02 / 12 / 2008  Amount of Each Disbursement this Period 95.83  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

5140.83

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) Suntrust Merchant Services  Mailing Address 1945 The Exchange, SE  City Atlanta State GA Zip Code 30339-2057  Purpose of Disbursement Credit-card processing fee 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: D11922 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">74.17</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	1	/	2	0	0	8	74.17
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	1	1	/	2	0	0	8														
74.17																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Times Ledger  Mailing Address 41-02 Bell Blvd.  City Bayside State NY Zip Code 11361-1136  Purpose of Disbursement Print Ads 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: D11845 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">384.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	1	/	2	0	0	8	384.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	1	/	2	0	0	8														
384.00																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Tower Times Publications  Mailing Address 8 Colonial St.  City East Northport State NY Zip Code 11731  Purpose of Disbursement Print Ads 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: D11846 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">245.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	1	/	2	0	0	8	245.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	1	/	2	0	0	8														
245.00																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="text-align: right;"><b>703.17</b></td> </tr> </table>	<b>703.17</b>
<b>703.17</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

# 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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.**

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

Mailing Address 475 L'Enfant Plaza, SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage (Fundraising) Category/Type 003

Candidate Name

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

State: District:

Transaction ID: D11885

Date of Disbursement  
02 / 10 / 2008

Amount of Each Disbursement this Period

175.00

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

**B.**

Full Name (Last, First, Middle Initial)  
United States Treasury

Mailing Address 1500 Pennsylvania Ave., NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Payroll Liabilities Category/Type 001

Candidate Name

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

State: District:

Transaction ID: D11849

Date of Disbursement  
01 / 02 / 2008

Amount of Each Disbursement this Period

3656.96

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

**C.**

Full Name (Last, First, Middle Initial)  
United States Treasury

Mailing Address 1500 Pennsylvania Ave., NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes Category/Type 001

Candidate Name

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

State: District:

Transaction ID: D11850

Date of Disbursement  
01 / 29 / 2008

Amount of Each Disbursement this Period

222.67

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

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

4054.63

**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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: D11886 Date of Disbursement 02 / 01 / 2008
	Mailing Address 1500 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 1343.00
	City Washington State DC Zip Code 20220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Liabilities Candidate Name 001 Category/Type	
	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) ▼

B.	Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: D11904 Date of Disbursement 03 / 03 / 2008
	Mailing Address 1500 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 1342.42
	City Washington State DC Zip Code 20220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Liabilities Candidate Name 001 Category/Type	
	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) ▼

C.	Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: D11923 Date of Disbursement 03 / 14 / 2008
	Mailing Address 1500 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 2555.00
	City Washington State DC Zip Code 20220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Taxes Candidate Name 001 Category/Type	
	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) ▼

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

5240.42

**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)

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<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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address PO Box 15062  City Albany State NY Zip Code 12212-5062  Purpose of Disbursement Mobile Phone 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: D11855 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 47.52  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address PO Box 15062  City Albany State NY Zip Code 12212-5062  Purpose of Disbursement Mobile Phone 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: D11894 Date of Disbursement 02 / 24 / 2008  Amount of Each Disbursement this Period 45.82  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 1100  City Albany State NY Zip Code 12250-0001  Purpose of Disbursement Office Phones 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: D11854 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 29.81  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>123.15</b>
<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)

<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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 1100  City Albany State NY Zip Code 12250-0001  Purpose of Disbursement Internet Access 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: D11853 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 59.99  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 1100  City Albany State NY Zip Code 12250-0001  Purpose of Disbursement Office Phones 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: D11852 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 152.10  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 1100  City Albany State NY Zip Code 12250-0001  Purpose of Disbursement Office Phones 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: D11851 Date of Disbursement 01 / 21 / 2008  Amount of Each Disbursement this Period 35.21  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**247.30**

**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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 1100  City Albany State NY Zip Code 12250-0001  Purpose of Disbursement Office Phones 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: D11892 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8  Amount of Each Disbursement this Period 35.43  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 1100  City Albany State NY Zip Code 12250-0001  Purpose of Disbursement Office Phones 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: D11891 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 8  Amount of Each Disbursement this Period 144.32  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 1100  City Albany State NY Zip Code 12250-0001  Purpose of Disbursement Office Phones 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: D11890 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 8  Amount of Each Disbursement this Period 29.42  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

209.17

**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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D11889
	Mailing Address PO Box 1100	Date of Disbursement 02 / 24 / 2008
	City Albany State NY Zip Code 12250-0001	Amount of Each Disbursement this Period 42.55
	Purpose of Disbursement Office Phones	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D11893
	Mailing Address PO Box 1100	Date of Disbursement 02 / 24 / 2008
	City Albany State NY Zip Code 12250-0001	Amount of Each Disbursement this Period 59.99
	Purpose of Disbursement Internet Access	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D11791
	Mailing Address P.O. Box 2855	Date of Disbursement 01 / 21 / 2008
	City New York State NY Zip Code 10116-2855	Amount of Each Disbursement this Period 771.24
	Purpose of Disbursement Credit Card; see items below	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

873.78

**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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Hunan Dynasty Mailing Address 215 Pennsylvania Ave., SE City Washington State DC Zip Code 20003-0115 Purpose of Disbursement Catering (Fundraising) Candidate Name	Transaction ID: D11808 Date of Disbursement 01 / 21 / 2008
	Amount of Each Disbursement this Period 171.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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) ▼	Category/Type 003

<b>B.</b> Full Name (Last, First, Middle Initial) Public Storage Mailing Address 701 Western Ave. City Glendale State CA Zip Code 91201-2349 Purpose of Disbursement Office Rent Candidate Name	Transaction ID: D11823 Date of Disbursement 01 / 21 / 2008
	Amount of Each Disbursement this Period 204.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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) ▼	Category/Type 001

<b>C.</b> Full Name (Last, First, Middle Initial) Staples Mailing Address PO Box 6721 City The Lakes State NV Zip Code 88901-6721 Purpose of Disbursement Office Supplies and Expenses Candidate Name	Transaction ID: D11840 Date of Disbursement 01 / 21 / 2008
	Amount of Each Disbursement this Period 190.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.**

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

Mailing Address 475 L'Enfant Plaza, SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage (Gen. Camp. Exp.)

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D11848

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P.O. Box 2855

City New York State NY Zip Code 10116-2855

Purpose of Disbursement Credit Card; see items below

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D11792

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**C.**

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P.O. Box 2855

City New York State NY Zip Code 10116-2855

Purpose of Disbursement Bank Service Charges

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D11925

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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<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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.**

Full Name (Last, First, Middle Initial)  
Exxon Mobil Corporation

Mailing Address 5959 Las Colinas Blvd.

City Irving State TX Zip Code 75039-2298

Purpose of Disbursement Gas for Campaign Vehicle

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D11802

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Shell Oil Company

Mailing Address 1 Shell Plz.  
777 Walker St.

City Houston State TX Zip Code 77002

Purpose of Disbursement Gas for Campaign Vehicle

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D11836

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Talay Thai

Mailing Address 406 1st St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Volunteer Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D11844

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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<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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) American Express  Mailing Address P.O. Box 2855  City New York State NY Zip Code 10116-2855  Purpose of Disbursement Credit Card; see items below 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: D11793 Date of Disbursement 01 / 01 / 2008  Amount of Each Disbursement this Period 925.47  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Amerada Hess Corporation  Mailing Address 1185 Ave. of the Americas  City New York State NY Zip Code 10036  Purpose of Disbursement Gas for Campaign Vehicle 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: D11790 Date of Disbursement 01 / 01 / 2008  Amount of Each Disbursement this Period 50.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Exxon Mobil Corporation  Mailing Address 5959 Las Colinas Blvd.  City Irving State TX Zip Code 75039-2298  Purpose of Disbursement Gas for Campaign Vehicle 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: D11801 Date of Disbursement 01 / 01 / 2008  Amount of Each Disbursement this Period 10.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	925.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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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)  
Committee to Elect Gary L. Ackerman, Inc.

<b>A.</b>	Full Name (Last, First, Middle Initial) E-Z Pass  Mailing Address 1 Edgewater Plz.  City Staten Island State NY Zip Code 10305  Purpose of Disbursement Candidate 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	Transaction ID: D11803 Date of Disbursement 01 / 01 / 2008  Amount of Each Disbursement this Period 50.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Mangia Bene  Mailing Address 526 Middle Neck Rd.  City Great Neck State NY Zip Code 11023  Purpose of Disbursement Fundraising Food & Refreshments 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) ▼	003 Category/ Type	Transaction ID: D11814 Date of Disbursement 01 / 01 / 2008  Amount of Each Disbursement this Period 104.56  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) New York Times  Mailing Address 229 W. 43rd St.  City New York State NY Zip Code 10036  Purpose of Disbursement Photography 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) ▼	006 Category/ Type	Transaction ID: D11819 Date of Disbursement 01 / 01 / 2008  Amount of Each Disbursement this Period 108.38  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

0.00

**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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: D11841 Date of Disbursement 01 / 01 / 2008
	Mailing Address PO Box 6721	Amount of Each Disbursement this Period 166.81
	City The Lakes State NV Zip Code 88901-6721	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies and Expenses Candidate Name	001 Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Talay Thai	Transaction ID: D11843 Date of Disbursement 01 / 01 / 2008
	Mailing Address 406 1st St., SE	Amount of Each Disbursement this Period 60.06
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Volunteer Expenses Candidate Name	001 Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Citibank Visa	Transaction ID: D11797 Date of Disbursement 01 / 24 / 2008
	Mailing Address PO Box 8001	Amount of Each Disbursement this Period 847.40
	City South Hackensack State NJ Zip Code 07606-8001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card; see item below Candidate Name	002 Category/Type
	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) ▼

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

847.40

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address Algonquin & Linneman Rds.

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement

Candidate Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D11847

Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

847.40

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P.O. Box 2855

City New York State NY Zip Code 10116-2855

Purpose of Disbursement

Credit Card; see items below

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D11859

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

953.41

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

C.

Full Name (Last, First, Middle Initial)  
Airtran Airways

Mailing Address Corporate Office

City Atlanta State GA Zip Code 30303

Purpose of Disbursement

Candidate Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D11858

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

205.10

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

[MEMO ITEM]

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

953.41

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

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

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FOR LINE NUMBER:  
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<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)  
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) BP-Amoco Oil Company	Transaction ID: D11863 Date of Disbursement 02 / 24 / 2008
	Mailing Address PO Box 9073	Amount of Each Disbursement this Period 53.40
	City Des Moines State IA Zip Code 50368-9073	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Gas for Campaign Vehicle 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

B.	Full Name (Last, First, Middle Initial) Exxon Mobil Corporation	Transaction ID: D11868 Date of Disbursement 02 / 24 / 2008
	Mailing Address 5959 Las Colinas Blvd.	Amount of Each Disbursement this Period 90.10
	City Irving State TX Zip Code 75039-2298	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Gas for Campaign Vehicle 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) E-Z Pass	Transaction ID: D11869 Date of Disbursement 02 / 24 / 2008
	Mailing Address 1 Edgewater Plz.	Amount of Each Disbursement this Period 100.00
	City Staten Island State NY Zip Code 10305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Candidate 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

<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)

<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)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Kingsmill Resort

Mailing Address 1010 Kingsmill Rd.

City Williamsburg State VA Zip Code 23185

Purpose of Disbursement Candidate Hotel  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D11878  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 2345 Crystal Dr.

City Arlington State VA Zip Code 22227

Purpose of Disbursement Candidate Travel  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D11887  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Capital One, FSB

Mailing Address PO Box 70885

City Charlotte State NC Zip Code 28272-0885

Purpose of Disbursement Credit Card; see items below  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D11864  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**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)  
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)  
House of Representatives Gift Shop

Mailing Address Longworth Bldg.

City Washington State DC Zip Code 20515

Purpose of Disbursement  
Gifts from Cand (Fundraising)

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D11874

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

83.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 1100

City Albany State NY Zip Code 12250-0001

Purpose of Disbursement  
Office Phones

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D11888

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

118.44

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Zurich Specialties

Mailing Address Disability Operations  
8723 Innovation Way

City Chicago State IL Zip Code 60682

Purpose of Disbursement  
Disability Insurance

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D11896

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

99.60

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

[MEMO ITEM]

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

0.00

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

42558.83

**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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Cmte.</p> <p>Mailing Address 430 S. Capitol St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Transfer, Excess Campaign Funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D11866</p> <p>Date of Disbursement 02 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1905.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Cmte.</p> <p>Mailing Address 430 S. Capitol St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Transfer, Excess Campaign Funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D11898</p> <p>Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 9525.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Democratic Organization of Queens Co.</p> <p>Mailing Address 72-50 Austin St.</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D11800</p> <p>Date of Disbursement 01 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>29175.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# 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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Friends of Andria Danine Simckes

Mailing Address PO Box 411311

City State Zip Code  
St. Louis MO 63141

Purpose of Disbursement  
Contributions

Candidate Name

011  
Category/  
Type

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

State: District:

Transaction ID: D11804

Date of Disbursement

01 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Friends of Dan Maffei

Mailing Address PO Box 74

City State Zip Code  
Syracuse NY 13214

Purpose of Disbursement  
Contribution NY-25 US House

Candidate Name  
Daniel B. Maffei

011  
Category/  
Type

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

State: NY District: 25

Transaction ID: D11899

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jewish National Fund

Mailing Address PO Box 8183

City State Zip Code  
Silver Spring MD 20907

Purpose of Disbursement  
Gifts from Cand (Fundraising)

Candidate Name

012  
Category/  
Type

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

State: District:

Transaction ID: D11809

Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

18.00

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

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

2018.00

**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 63 / 63

<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)  
Jewish National Fund

Mailing Address PO Box 8183

City State Zip Code  
Silver Spring MD 20907

Purpose of Disbursement  
Gifts from Cand (Fundraising)

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D11877

Date of Disbursement

02 / 10 / 2008

Amount of Each Disbursement this Period

36.00

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

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

36.00

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

31229.00