

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

ADDRESS (number and street)

77 Sands Street

6th Fl

Brooklyn

NY

11201

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00350991

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Thayer, Anita, , ,

Signature of Treasurer

Thayer, Anita, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTYReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
05		01		2025

 To:

M M	/	D D	/	Y Y Y Y Y
05		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>481888.86</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>339149.87</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>13046.80</div></div>	<div><div></div><div>304907.91</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>352196.67</div></div>	<div><div></div><div>786796.77</div></div>
7. Total Disbursements (from Line 31)	<div><div></div><div>737.93</div></div>	<div><div></div><div>435338.03</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>351458.74</div></div>	<div><div></div><div>351458.74</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>13000.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>225176.56</div></div>	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Report Covering the Period:

From:

M M / D D / Y Y Y Y
05 / 01 / 2025

To:

M M / D D / Y Y Y Y
05 / 31 / 2025**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

1420.00

11725.00

(ii) Unitemized

11626.80

59973.55

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

13046.80

71698.55

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

13046.80

71698.55

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

0.00

500.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

232709.36

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

232709.36

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

13046.80

304907.91

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

13046.80

72198.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	129759.07
(ii) Non-Federal Share.....	0.00	230682.79
(b) Other Federal Operating Expenditures	737.93	3508.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	737.93	363950.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	65446.20
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	5941.08
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	737.93	435338.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	737.93	204655.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13046.80	71698.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13046.80	71698.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	737.93	133267.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	737.93	133267.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 21
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

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

A. Bryan, Davina, , ,Mailing Address 279 N Broadway
Apt 1KCity
YonkersState
NYZip Code
10701-2444FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MontefioreOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025

Transaction ID : 2530856

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Bryan, Davina, , ,Mailing Address 279 N Broadway
Apt 1KCity
YonkersState
NYZip Code
10701-2444FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MontefioreOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : 2530912

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Butterworth, Nicholas, , ,

Mailing Address 81 Walker St

City
New YorkState
NYZip Code
10013-3566FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Time IncOccupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 04 / 2025

Transaction ID : 2530655

Amount of Each Receipt this Period

100.00

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

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 21
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

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

A. Calos, Elaine A, , ,

Mailing Address 175 Great Neck Rd

City
Great NeckState
NYZip Code
11021-3343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025**Transaction ID : 2531378**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Campbell, Wanda, , ,

Mailing Address 73 Aldrich Ave

City
BinghamtonState
NYZip Code
13903-1403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2025**Transaction ID : 2531632**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Delaney, Tiny, , ,

Mailing Address 122 Birch Rd

City
Staten IslandState
NYZip Code
10303-1749FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Settlement SocietyOccupation (for Individual)
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : 2530924**

Amount of Each Receipt this Period

50.00

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 21
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

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

A. Elliott-Negri, Luke, , ,

Mailing Address 442 Sterling Pl

City
BrooklynState
NYZip Code
11238-4547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CUNYOccupation (for Individual)
Teach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2025

Transaction ID : 2530799

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Kaushik, Gaurav, , ,

Mailing Address 3 Norwood Rd

City
ScarsdaleState
NYZip Code
10583-2721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Foundation MedicineOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2025

Transaction ID : 2530868

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Kusama-Hinte, Jeffrey, , ,

Mailing Address 36 Montgomery Pl

City
BrooklynState
NYZip Code
11215-2303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Antidote Films Inc.Occupation (for Individual)
Film Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2025

Transaction ID : 2530626

Amount of Each Receipt this Period

100.00

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

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 21
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

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

A. Kwiatkowski, Leo J, , ,

Mailing Address 1164 Hunterbrook Rd

City
Yorktown HeightsState
NYZip Code
10598-6218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employedOccupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2025

Transaction ID : 2531234

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Lerner, Jane, , ,Mailing Address 25 Lexington Ave
Apt 502City
BrooklynState
NYZip Code
11238-7013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2025

Transaction ID : 2531232

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Mason, Alane, , ,

Mailing Address 900 W 190th St

City
New YorkState
NYZip Code
10040-3633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
W.W. NortonOccupation (for Individual)
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2025

Transaction ID : 2531018

Amount of Each Receipt this Period

20.00

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 21

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

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)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

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

A. Mason, Alane, , ,

Mailing Address 900 W 190th St

City
New YorkState
NYZip Code
10040-3633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
W.W. NortonOccupation (for Individual)
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2025

Transaction ID : 2531135

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Master, Robert, , ,

Mailing Address 458 14th St

City
BrooklynState
NYZip Code
11215-5702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CWAOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2025

Transaction ID : 2531251

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Obregon, Daniel, , ,

Mailing Address 5809 60th Ln

City
MaspethState
NYZip Code
11378-3407FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Property manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2025

Transaction ID : 2531059

Amount of Each Receipt this Period

50.00

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

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

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

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)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

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

A. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2025

Transaction ID : 2531628

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2025

Transaction ID : 2531629

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : 2531620

Amount of Each Receipt this Period

15.00

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 21

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

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)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

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

A. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : 2531621

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : 2531622

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : 2531623

Amount of Each Receipt this Period

15.00

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 21
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

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

A. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : 2531624

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : 2531625

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : 2531626

Amount of Each Receipt this Period

15.00

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 21

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

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)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

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

A. Pugh, Brian, , ,

Mailing Address 43 OLD POST Rd

City
Croton On HudsonState
NYZip Code
10520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ResearcherOccupation (for Individual)
ASP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : 2531627

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

15.00

1420.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

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

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

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address 366 Summer St

City
SomervilleState
MAZip Code
02144-3132

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500000736

Amount of Each Disbursement this Period

279.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City
New YorkState
NYZip Code
10001-6708

Purpose of Disbursement

Bank fee

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500000731

Amount of Each Disbursement this Period

110.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address PO Box 8999

City
San FranciscoState
CAZip Code
94128-8999

Purpose of Disbursement

Online Contribution Processor Fee

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500000734

Amount of Each Disbursement this Period

65.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

454.78

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

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

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

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. Authorize.Net

Mailing Address PO Box 8999

City
San FranciscoState
CAZip Code
94128-8999

Purpose of Disbursement

Online Contribution Processor Fee

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2		2	0	2	5		

FEC Identification Number

C**Transaction ID : 500000735**

Amount of Each Disbursement this Period

145.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.Net

Mailing Address PO Box 8999

City
San FranciscoState
CAZip Code
94128-8999

Purpose of Disbursement

Online Contribution Processor Fee

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	4		2	0	2	5		

FEC Identification Number

C**Transaction ID : 500000733**

Amount of Each Disbursement this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address PO Box 8999

City
San FranciscoState
CAZip Code
94128-8999

Purpose of Disbursement

Online Contribution Processor Fee

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0		2	0	2	5		

FEC Identification Number

C**Transaction ID : 500000732**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

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

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

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Full Name (Last, First, Middle Initial)

A. JotformMailing Address 4 Embarcadero Ctr
Ste 780City
San FranciscoState
CAZip Code
94111-4102

Purpose of Disbursement

Scheduling software

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	2		2	0	5			

FEC Identification Number

C**Transaction ID : 500000730**

Amount of Each Disbursement this Period

53.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

53.35

708.57

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 21

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LANCMAN FOR CONGRESS

Nature of Debt (Purpose):

Canvassing

Mailing Address 30 Nirvana Ave

City
Great NeckState
NYZip Code
11023-1161

Outstanding Balance Beginning This Period

13000.00

Transaction ID : 1250000001

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

13000.00

2) **TOTALS** This Period (last page this line number only)..... ►

13000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

13000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 21

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

Phone calls and texting

Mailing Address 77 Sands St

City
BrooklynState
NYZip Code
11201-1431

Outstanding Balance Beginning This Period

4640.00

Transaction ID : 1250000000

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4640.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting

Mailing Address 77 Sands St

City
BrooklynState
NYZip Code
11201-1431

Outstanding Balance Beginning This Period

33016.39

Transaction ID : 1250000002

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33016.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting

Mailing Address 77 Sands St

City
BrooklynState
NYZip Code
11201-1431

Outstanding Balance Beginning This Period

9246.96

Transaction ID : 1250000003

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9246.96

1) **SUBTOTALS** This Period This Page (optional)..... ►

46903.35

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 21

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting Program for Harris #1818490
(estimated)

Mailing Address 77 Sands St

City
BrooklynState
NYZip Code
11201-1431

Outstanding Balance Beginning This Period

100000.00

Transaction ID : 1250000004

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Phone Program for Harris #1818490
(estimated)

Mailing Address 77 Sands St

City
BrooklynState
NYZip Code
11201-1431

Outstanding Balance Beginning This Period

38553.80

Transaction ID : 1250000005

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38553.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Federal Expenses for food/travel/mail

Mailing Address 77 Sands St

City
BrooklynState
NYZip Code
11201-1431

Outstanding Balance Beginning This Period

38881.91

Transaction ID : 1250000006

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38881.91

1) **SUBTOTALS** This Period This Page (optional)..... ►

177435.71

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 21

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jodice, Noah, , ,

Nature of Debt (Purpose):

Design for Harris #1818490

Mailing Address 191 Bank Street Ext

City
LebanonState
NHZip Code
03766-1109

Outstanding Balance Beginning This Period

837.50

Transaction ID : 1250000007

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

837.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

837.50

2) **TOTALS** This Period (last page this line number only)..... ►

225176.56

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

225176.56