

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 2007 through 03 31 2007

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 11 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Committee to Elect Gary L. Ackerman, Inc.

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	21905.00	31673.00
(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)).....	21905.00	31673.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	55720.08	88282.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	365.00	381.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	55355.08	87901.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	760351.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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 02/2003)

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	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

15250.00

21650.00

(ii) Unitemized.....

155.00

1023.00

(iii) TOTAL of contributions

15405.00

22673.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

6500.00

9000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

21905.00

31673.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

365.00

381.07

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

4660.22

7843.02

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

26930.22

39897.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55720.08	88282.83
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.....	50278.00	52778.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	105998.08	141060.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	839419.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	26930.22
25. SUBTOTAL (add Line 23 and Line 24).....	866349.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	105998.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	760351.37

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 55
	<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	

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)
Corey B. Ackerman

Mailing Address 210 Independence Way

City State Zip Code
Morganville NJ 07751

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

Name of Employer Occupation
GNYHA Ventures Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: C21549

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)
Fredric H. Gould

Mailing Address 60 Cutter Mill Rd.
Suite 303

City State Zip Code
Great Neck NY 11021

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

Name of Employer Occupation
Gould Investors Principal

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 05 / 2007

Transaction ID: C21542

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Howard Keum

Mailing Address 360 W. 34th St.
Apt 14V

City State Zip Code
New York NY 10001

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

Name of Employer Occupation
Kim Eng Securities Trader

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: C21558

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)	3050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 55
	<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.

Full Name (Last, First, Middle Initial) A. Jonathan C. Nasser		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007
Mailing Address 406 E. 50th St.		Transaction ID: C21559
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kim Eng	Occupation Sales Researcher	<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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Suok J. Noh		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007
Mailing Address 430 E. 86th St. Apt. 4C		Transaction ID: C21560
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Goldman Sachs	Occupation Managing Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Gene J. Park		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007
Mailing Address 352 W. 42nd St. Apt. 48M		Transaction ID: C21563
City New York	State NY	Zip Code 10036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rich International	Occupation Manager	<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 ▼ 500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 55
	<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) Yoon Park Mailing Address 6 Laurie Dr. City Englewood Cliffs State NJ Zip Code 07632 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007 Transaction ID: C21564 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Rich International Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) George Ruff Mailing Address 151 E. 58th St. Apt. 42A City New York State NY Zip Code 10022 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 Transaction ID: C21561 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Trinity Hotel Investors Occupation Real Estate Investor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Jack Sommer Mailing Address 26 Vintage Ct. City Las Vegas State NV Zip Code 89113-1352 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007 Transaction ID: C21551 Amount of Each Receipt this Period 2300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mountain Spa Development Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00		

SUBTOTAL of Receipts This Page (optional)	3550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 55
	<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)
Jack Sommer

Mailing Address 26 Vintage Ct.

City Las Vegas State NV Zip Code 89113-1352

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

Name of Employer Mountain Spa Development Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt

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

Transaction ID: C21552

Amount of Each Receipt this Period

2300.00

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

B. Full Name (Last, First, Middle Initial)
Laura Sommer

Mailing Address 26 Vintage Ct.

City Las Vegas State NV Zip Code 89113-1352

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

Name of Employer Mountain Spa Development Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt

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

Transaction ID: C21553

Amount of Each Receipt this Period

2300.00

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

C. Full Name (Last, First, Middle Initial)
Laura Sommer

Mailing Address 26 Vintage Ct.

City Las Vegas State NV Zip Code 89113-1352

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

Name of Employer Mountain Spa Development Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt

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

Transaction ID: C21554

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	15250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 55
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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.

Full Name (Last, First, Middle Initial) A. Air Line Pilots Assn.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007
Mailing Address ALPA-PAC 1625 Massachusetts Ave., NW		Transaction ID: C21557
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00035451	Amount of Each Receipt this Period 2500.00
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 ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. American Association for Justice		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2007
Mailing Address AAJ PAC 1050 31st St., NW		Transaction ID: C21545
City Washington State DC Zip Code 20007-4499	FEC ID number of contributing federal political committee. C C00024521	Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. New York Life Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 02 / 21 / 2007
Mailing Address 51 Madison Ave.		Transaction ID: C21547
City New York State NY Zip Code 10010	FEC ID number of contributing federal political committee. C C00158881	Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 55
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Northrop Grumman

Mailing Address Employees of Northrop Grumman PAC
520 S. Grand Ave.

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2007

Transaction ID: C21556

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)
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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2007

Transaction ID: C21548

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)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	6500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 55
	<input 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 checked="" type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Citibank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address P. O. Box 5870 Grand Central Station		Transaction ID: C21540
City State Zip Code New York NY 10163	Amount of Each Receipt this Period 6.80	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2218.51	

Full Name (Last, First, Middle Initial) B. Citibank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address P. O. Box 5870 Grand Central Station		Transaction ID: C21541
City State Zip Code New York NY 10163	Amount of Each Receipt this Period 448.69	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2218.51	

Full Name (Last, First, Middle Initial) C. Citibank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address P. O. Box 5870 Grand Central Station		Transaction ID: C21567
City State Zip Code New York NY 10163	Amount of Each Receipt this Period 406.23	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2218.51	

SUBTOTAL of Receipts This Page (optional)	861.72
TOTAL This Period (last page this line number only)	[]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 55
	<input 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 checked="" type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Citibank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address P. O. Box 5870 Grand Central Station		Transaction ID: C21565
City State Zip Code New York NY 10163	Amount of Each Receipt this Period 6.15	
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		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2218.51	

Full Name (Last, First, Middle Initial) B. Citibank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address P. O. Box 5870 Grand Central Station		Transaction ID: C21566
City State Zip Code New York NY 10163	Amount of Each Receipt this Period 6.82	
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		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2218.51	

Full Name (Last, First, Middle Initial) C. Citibank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address P. O. Box 5870 Grand Central Station		Transaction ID: C21568
City State Zip Code New York NY 10163	Amount of Each Receipt this Period 450.84	
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		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2218.51	

SUBTOTAL of Receipts This Page (optional) ▶	463.81
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 55
	<input 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 checked="" 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)
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 ▼
5624.51

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 7

Transaction ID: C21569

Amount of Each Receipt this Period
52.08

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 ▼
5624.51

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

Transaction ID: C21570

Amount of Each Receipt this Period
47.31

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

* Interest

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 ▼
5624.51

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 7

Transaction ID: C21571

Amount of Each Receipt this Period
52.65

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

* Interest

SUBTOTAL of Receipts This Page (optional)	▶	152.04
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 55	
	(check only one)			
<input 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 checked="" 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)
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 ▼
5624.51

Date of Receipt

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

Transaction ID: C21572

Amount of Each Receipt this Period
3182.65

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

* Capital gains

SUBTOTAL of Receipts This Page (optional)	▶	3182.65
TOTAL This Period (last page this line number only)	▶	4660.22

**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.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11023 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 4.50
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Credit-card processing fee Candidate Name Category/Type 003	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D11024 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 3.25
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Credit-card processing fee Candidate Name Category/Type 003	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Robert Barnett		Transaction ID: D11291 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 10 LeCluse Ln.		Amount of Each Disbursement this Period 1670.50
City Huntington State NY Zip Code 11743	Purpose of Disbursement Salary Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1678.25
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 16 / 55

<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.

Full Name (Last, First, Middle Initial) A. Barnett & Company		Transaction ID: D11182 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 10 LeCluse Lane		Amount of Each Disbursement this Period 2250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Huntington	State NY	
Purpose of Disbursement Accounting Service	Zip Code 11743	Category/ Type 001
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:		

Full Name (Last, First, Middle Initial) B. Bayside Florist		Transaction ID: D11109 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 7
Mailing Address 39-19 Bell Blvd.		Amount of Each Disbursement this Period 407.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bayside	State NY	
Purpose of Disbursement Campaign Flowers	Zip Code 11361	Category/ Type 006
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:		

Full Name (Last, First, Middle Initial) C. Bayside Florist		Transaction ID: D11184 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 39-19 Bell Blvd.		Amount of Each Disbursement this Period 129.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bayside	State NY	
Purpose of Disbursement Campaign Flowers	Zip Code 11361	Category/ Type 006
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	2786.74
TOTAL This Period (last page this line number only) ▶	(Empty field)

**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.

Full Name (Last, First, Middle Initial) A. Bayside Florist		Transaction ID: D11223 Date of Disbursement 03 / 12 / 2007
Mailing Address 39-19 Bell Blvd.		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
City Bayside State NY Zip Code 11361	Purpose of Disbursement Campaign Flowers Candidate Name Category/Type 006	
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) ▼	

Full Name (Last, First, Middle Initial) B. Ben's Best Restaurant		Transaction ID: D11114 Date of Disbursement 01 / 27 / 2007
Mailing Address 96-40 Queens Blvd.		Amount of Each Disbursement this Period 437.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rego Park State NY Zip Code 11374	Purpose of Disbursement Volunteer Expenses Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: D11117 Date of Disbursement 01 / 28 / 2007
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 60.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Southeastern State PA Zip Code 19398-3005	Purpose of Disbursement Internet Access Candidate Name Category/Type 001	
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) ▶	558.12
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.

Full Name (Last, First, Middle Initial) A. Comcast		Transaction ID: D11187 Date of Disbursement 02 / 18 / 2007
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 60.95
City Southeastern State PA Zip Code 19398-3005	Purpose of Disbursement Internet Access Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D11121 Date of Disbursement 01 / 28 / 2007
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 82.02
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Delivery Service Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D11231 Date of Disbursement 03 / 05 / 2007
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 102.14
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Delivery Service Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	245.11
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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. FUTA Full Name (Last, First, Middle Initial) Mailing Address United States Treasury PO Box 105887 City Atlanta State GA Zip Code 30348-5887 Purpose of Disbursement Payroll Expenses Category/Type 001 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: D11124 Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2007 Amount of Each Disbursement this Period 225.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Gazette Full Name (Last, First, Middle Initial) Mailing Address 42-16 34th Ave. City Long Island City State NY Zip Code 11101 Purpose of Disbursement Print Ads Category/Type 004 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: D11125 Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2007 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
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C. Jordan H. Goldes Full Name (Last, First, Middle Initial) Mailing Address 220-55 46th Ave. Apt. 10P City Bayside State NY Zip Code 11361 Purpose of Disbursement Salary Category/Type 001 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: D11281 Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2007 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
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SUBTOTAL of Disbursements This Page (optional)	805.18
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.

Full Name (Last, First, Middle Initial) A. Jordan H. Goldes		Transaction ID: D11285 Date of Disbursement MM / DD / YYYY 02 / 26 / 2007
Mailing Address 220-55 46th Ave. Apt. 10P		Amount of Each Disbursement this Period 424.60
City Bayside State NY Zip Code 11361	Purpose of Disbursement Salary Candidate Name Category/Type: 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Jordan H. Goldes		Transaction ID: D11292 Date of Disbursement MM / DD / YYYY 03 / 30 / 2007
Mailing Address 220-55 46th Ave. Apt. 10P		Amount of Each Disbursement this Period 424.60
City Bayside State NY Zip Code 11361	Purpose of Disbursement Salary Candidate Name Category/Type: 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. IntaBoro		Transaction ID: D11191 Date of Disbursement MM / DD / YYYY 02 / 12 / 2007
Mailing Address 88-19 101st Ave.		Amount of Each Disbursement this Period 73.95
City Ozone Park State NY Zip Code 11416	Purpose of Disbursement Candidate Travel Candidate Name Category/Type: 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

923.15

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.

<p>A. IntaBoro</p> <p>Full Name (Last, First, Middle Initial) IntaBoro</p> <p>Mailing Address 88-19 101st Ave.</p> <p>City Ozone Park State NY Zip Code 11416</p> <p>Purpose of Disbursement Staff Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11192</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="132.09"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p>B. JB Consulting Services</p> <p>Full Name (Last, First, Middle Initial) JB Consulting Services</p> <p>Mailing Address 903 Park Ave. # 6E</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Consultant Fee (Fundraising)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11193</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="003"/></p>

<p>C. JB Consulting Services</p> <p>Full Name (Last, First, Middle Initial) JB Consulting Services</p> <p>Mailing Address 903 Park Ave. # 6E</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Consultant Fee (Fundraising)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D11236</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="003"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4132.09"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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 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.

Full Name (Last, First, Middle Initial) A. JB Consulting Services		Transaction ID: D11237 Date of Disbursement 03 / 05 / 2007
Mailing Address 903 Park Ave. # 6E		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consultant Fee (Fundraising)	Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) B. Jewish Week		Transaction ID: D11132 Date of Disbursement 01 / 28 / 2007
Mailing Address 1501 Broadway Suite 505		Amount of Each Disbursement this Period 577.50
City New York State NY Zip Code 10036-8420	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Print Ads	Category/Type 004	
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) ▼	

Full Name (Last, First, Middle Initial) C. Jewish World		Transaction ID: D11133 Date of Disbursement 01 / 28 / 2007
Mailing Address 78 Randall Ave.		Amount of Each Disbursement this Period 324.00
City Rockville Center State NY Zip Code 11570	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Print Ads	Category/Type 004	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2901.50
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.

Full Name (Last, First, Middle Initial) A. Jedd I. Moskowitz		Transaction ID: D11282 Date of Disbursement 01 / 31 / 2007	
Mailing Address 7424 Miller Fall Rd.		Amount of Each Disbursement this Period 219.80	
City Derwood State MD Zip Code 20855	Purpose of Disbursement Salary 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) ▼		

Full Name (Last, First, Middle Initial) B. Jedd I. Moskowitz		Transaction ID: D11284 Date of Disbursement 02 / 12 / 2007	
Mailing Address 7424 Miller Fall Rd.		Amount of Each Disbursement this Period 400.00	
City Derwood State MD Zip Code 20855	Purpose of Disbursement Cust,Petty Cash; none >\$100 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) ▼		

Full Name (Last, First, Middle Initial) C. Jedd I. Moskowitz		Transaction ID: D11286 Date of Disbursement 02 / 26 / 2007	
Mailing Address 7424 Miller Fall Rd.		Amount of Each Disbursement this Period 219.79	
City Derwood State MD Zip Code 20855	Purpose of Disbursement Salary 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) ▶	839.59
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. Jedd I. Moskowitz Full Name (Last, First, Middle Initial) Mailing Address 7424 Miller Fall Rd. City Derwood State MD Zip Code 20855 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: D11293 Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 219.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Multi-Media Advertising Full Name (Last, First, Middle Initial) Mailing Address 174-10 Horace Harding Expy. City Fresh Meadows State NY Zip Code 11365 Purpose of Disbursement Printing (Gen. Camp. Exp.) 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: D11140 Date of Disbursement 01 / 28 / 2007 Amount of Each Disbursement this Period 720.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Multi-Media Advertising Full Name (Last, First, Middle Initial) Mailing Address 174-10 Horace Harding Expy. City Fresh Meadows State NY Zip Code 11365 Purpose of Disbursement Postage (Gen. Camp. Exp.) 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: D11139 Date of Disbursement 01 / 28 / 2007 Amount of Each Disbursement this Period 1101.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)	2041.84
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.

Full Name (Last, First, Middle Initial) A. Multi-Media Advertising		Transaction ID: D11141 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address 174-10 Horace Harding Expy.		Amount of Each Disbursement this Period 2557.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fresh Meadows State NY Zip Code 11365	Purpose of Disbursement Printing (Gen. Camp. Exp.) Candidate Name Category/Type 006	
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) ▼	

Full Name (Last, First, Middle Initial) B. NGP Software		Transaction ID: D11142 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address 1101 Vermont Ave., NW Suite 710		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
City Washington State DC Zip Code 20005	Purpose of Disbursement Computer Service Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) C. NYS Employment Tax		Transaction ID: D11144 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address P. O. Box 1589		Amount of Each Disbursement this Period 704.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12201	Purpose of Disbursement Payroll Liabilities Candidate Name Category/Type 001	
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) ▶	3711.36
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.

Full Name (Last, First, Middle Initial) A. Pak Realty		Transaction ID: D11146 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address c/o Jaguar Casting Co. 307 W. 36th St.		Amount of Each Disbursement this Period 2400.00
City New York State NY Zip Code 10018	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Rent Candidate Name	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) B. Queens Chronicle		Transaction ID: D11149 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
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	Category/Type 004	
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) ▼	

Full Name (Last, First, Middle Initial) C. Queens Courier		Transaction ID: D11150 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
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	Category/Type 004	
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) ▶	2925.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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.

Full Name (Last, First, Middle Initial) A. Queens Ledger Newspaper Group		Transaction ID: D11151 Date of Disbursement 01 / 28 / 2007
Mailing Address 69-60 Grand Ave. PO Box 780-376		Amount of Each Disbursement this Period 100.00
City Maspeth State NY Zip Code 11378	Purpose of Disbursement Print Ads Candidate Name Category/Type 004	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Queens Times		Transaction ID: D11152 Date of Disbursement 01 / 28 / 2007
Mailing Address 48-08 111th St.		Amount of Each Disbursement this Period 130.00
City Corona State NY Zip Code 11368	Purpose of Disbursement Print Ads Candidate Name Category/Type 004	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Queens Tribune		Transaction ID: D11153 Date of Disbursement 01 / 28 / 2007
Mailing Address 174-15 Horace Harding Expy.		Amount of Each Disbursement this Period 400.00
City Fresh Meadows State NY Zip Code 11365	Purpose of Disbursement Print Ads Candidate Name Category/Type 004	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	630.00
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.

Full Name (Last, First, Middle Initial) A. Sewall-Belmont House and Museum		Transaction ID: D11201 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 144 Consitution Ave., NE		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
City Washington State DC Zip Code 20002	Purpose of Disbursement Catering (Fundraising) Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) B. Sewall-Belmont House and Museum		Transaction ID: D11256 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 144 Consitution Ave., NE		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002	Purpose of Disbursement Catering (Fundraising) Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) C. Silverberg & Associates		Transaction ID: D11156 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address 820 North Carolina Ave., SE Suite 2		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consultant Category/Type 003	
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) ▶	13500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 29 / 55

<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.

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D11159 Date of Disbursement 01 / 28 / 2007
Mailing Address PO Box 6721		Amount of Each Disbursement this Period 156.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City The Lakes	State NV	
Zip Code 88901-6721		
Purpose of Disbursement Office Supplies and Expenses 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) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) B. Times Ledger		Transaction ID: D11167 Date of Disbursement 01 / 28 / 2007
Mailing Address 41-02 Bell Blvd.		Amount of Each Disbursement this Period 384.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼
		Category/Type 004

Full Name (Last, First, Middle Initial) C. Times Ledger		Transaction ID: D11260 Date of Disbursement 03 / 21 / 2007
Mailing Address 41-02 Bell Blvd.		Amount of Each Disbursement this Period 364.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼
		Category/Type 004

SUBTOTAL of Disbursements This Page (optional) ▶	904.03
TOTAL 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.

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: D11168 Date of Disbursement 01 / 28 / 2007
Mailing Address 475 L'Enfant Plaza, SW		Amount of Each Disbursement this Period 160.00
City Washington State DC Zip Code 20260	Purpose of Disbursement Postage (Fundraising) Category/Type 003	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. United States Treasury		Transaction ID: D11169 Date of Disbursement 01 / 02 / 2007
Mailing Address 1500 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 2948.74
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll Liabilities Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. United States Treasury		Transaction ID: D11206 Date of Disbursement 02 / 01 / 2007
Mailing Address 1500 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 430.74
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll Liabilities Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3539.48
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.

Full Name (Last, First, Middle Initial) A. United States Treasury		Transaction ID: D11205 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 1500 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 2642.00
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	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) B. United States Treasury		Transaction ID: D11262 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1500 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 430.76
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	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: D11174 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 44.01
City Albany State NY Zip Code 12212-5062	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mobile Phone Candidate Name	Category/Type 001	
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) ▶	3116.77
TOTAL 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.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D11211 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 44.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Mobile Phone Candidate Name Category/Type: 001	
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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: D11268 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 43.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5062	Purpose of Disbursement Mobile Phone Candidate Name Category/Type: 001	
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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D11173 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 48.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Internet Access Candidate Name Category/Type: 001	
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) ▶	136.90
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.

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D11172 Date of Disbursement 01 / 28 / 2007
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 22.84
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Office Phones Candidate Name Category/Type: 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D11171 Date of Disbursement 01 / 28 / 2007
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 32.58
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Office Phones Candidate Name Category/Type: 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D11170 Date of Disbursement 01 / 28 / 2007
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 149.42
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Office Phones Candidate Name Category/Type: 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	204.84
TOTAL This Period (last page this line number only) ▶	(Empty box)

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.

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D11210 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 48.90	
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Internet Access 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D11209 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 22.98	
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Office Phones 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D11208 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 147.53	
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Office Phones 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	219.41
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.

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D11207 Date of Disbursement 02 / 12 / 2007
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 32.40
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D11267 Date of Disbursement 03 / 05 / 2007
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 27.24
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D11264 Date of Disbursement 03 / 19 / 2007
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 48.90
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	108.54
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.

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D11266 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 149.79
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D11265 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 24.90
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D11263 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 27.59
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	202.28
TOTAL 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.

Full Name (Last, First, Middle Initial) A. Ross M. Wallenstein		Transaction ID: D11283 Date of Disbursement 01 / 31 / 2007	
Mailing Address 24 Briarwood Ln.		Amount of Each Disbursement this Period 426.15	
City Plainview State NY Zip Code 11803	Purpose of Disbursement Salary 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Ross M. Wallenstein		Transaction ID: D11287 Date of Disbursement 02 / 26 / 2007	
Mailing Address 24 Briarwood Ln.		Amount of Each Disbursement this Period 426.15	
City Plainview State NY Zip Code 11803	Purpose of Disbursement Salary 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Ross M. Wallenstein		Transaction ID: D11294 Date of Disbursement 03 / 30 / 2007	
Mailing Address 24 Briarwood Ln.		Amount of Each Disbursement this Period 426.15	
City Plainview State NY Zip Code 11803	Purpose of Disbursement Salary 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	1278.45
TOTAL 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.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11104 Date of Disbursement 01 / 27 / 2007
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 507.28
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Credit Card; see items below Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. A V Ristorante Italiano		Transaction ID: D11102 Date of Disbursement 01 / 27 / 2007
Mailing Address 607 New York Ave., NW		Amount of Each Disbursement this Period 83.64
City Washington State DC Zip Code 20001	Purpose of Disbursement Volunteer Expenses Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. E-Z Pass		Transaction ID: D11120 Date of Disbursement 01 / 27 / 2007
Mailing Address P.O. Box 2037		Amount of Each Disbursement this Period 70.00
City Secaucus State NJ Zip Code 07096-2037	Purpose of Disbursement Candidate Travel Candidate Name Category/Type 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	507.28
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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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.

Full Name (Last, First, Middle Initial) A. Mangia Bene		Transaction ID: D11134 Date of Disbursement 01 / 27 / 2007	
Mailing Address 526 Middle Neck Rd.		Amount of Each Disbursement this Period 89.63	
City Great Neck State NY Zip Code 11023	Purpose of Disbursement Fundraising Food & Refreshments Candidate Name	Category/Type 003	
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Shell Oil Company		Transaction ID: D11155 Date of Disbursement 01 / 27 / 2007	
Mailing Address 1 Shell Plz. 777 Walker St.		Amount of Each Disbursement this Period 42.00	
City Houston State TX Zip Code 77002	Purpose of Disbursement Gas for Campaign Vehicle Candidate Name	Category/Type 002	
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D11105 Date of Disbursement 01 / 27 / 2007	
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 2143.89	
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Credit Card; see items below Candidate Name	Category/Type 001	
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ►

2143.89

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.

Full Name (Last, First, Middle Initial) A. Giant Food		Transaction ID: D11127 Date of Disbursement 01 / 27 / 2007
Mailing Address 6300 Sheriff Rd.		Amount of Each Disbursement this Period 305.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Landover	State MD	
Zip Code 20785		
Purpose of Disbursement Volunteer Expenses		
Candidate Name		007 Category/ Type
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:		

Full Name (Last, First, Middle Initial) B. Office Catering		Transaction ID: D11145 Date of Disbursement 01 / 27 / 2007
Mailing Address 1612 14th St., NW		Amount of Each Disbursement this Period 866.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington	State DC	
Zip Code 20009		
Purpose of Disbursement Volunteer Expenses		
Candidate Name		007 Category/ Type
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:		

Full Name (Last, First, Middle Initial) C. Public Storage		Transaction ID: D11148 Date of Disbursement 01 / 27 / 2007
Mailing Address 701 Western Ave.		Amount of Each Disbursement this Period 188.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Glendale	State CA	
Zip Code 91201-2349		
Purpose of Disbursement Office Rent		
Candidate Name		001 Category/ Type
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:		

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. Staples Full Name (Last, First, Middle Initial) Mailing Address PO Box 6721 City The Lakes State NV Zip Code 88901-6721 Purpose of Disbursement Office Supplies and Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D11157 Date of Disbursement 01 / 27 / 2007 Amount of Each Disbursement this Period 96.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

B. Subway Full Name (Last, First, Middle Initial) Mailing Address 406 1st St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement Volunteer Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D11161 Date of Disbursement 01 / 27 / 2007 Amount of Each Disbursement this Period 531.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 007		

C. Capital One, FSB Full Name (Last, First, Middle Initial) Mailing Address PO Box 70885 City Charlotte State NC Zip Code 28272-0885 Purpose of Disbursement Credit-card; no items >\$200 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D11116 Date of Disbursement 01 / 27 / 2007 Amount of Each Disbursement this Period 90.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional) ▶	90.70
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.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11180 Date of Disbursement 02 / 18 / 2007
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 852.60
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. A V Ristorante Italiano		Transaction ID: D11178 Date of Disbursement 02 / 18 / 2007
Mailing Address 607 New York Ave., NW		Amount of Each Disbursement this Period 80.50
City Washington State DC Zip Code 20001	Purpose of Disbursement Volunteer Expenses 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. E-Z Pass		Transaction ID: D11189 Date of Disbursement 02 / 18 / 2007
Mailing Address P.O. Box 2037		Amount of Each Disbursement this Period 70.00
City Secaucus State NJ Zip Code 07096-2037	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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	852.60
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. Kingsmill Resort 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: <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: D11195 Date of Disbursement 02 / 18 / 2007 Amount of Each Disbursement this Period 179.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Shell Oil Company 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: <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: D11202 Date of Disbursement 02 / 18 / 2007 Amount of Each Disbursement this Period 72.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Capital One, FSB 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 item 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: D11186 Date of Disbursement 02 / 12 / 2007 Amount of Each Disbursement this Period 29.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	29.89
TOTAL This Period (last page this line number only) ▶	(Empty box)

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.

Full Name (Last, First, Middle Initial) A. Capital One, FSB		Transaction ID: D11185 Date of Disbursement 02 / 12 / 2007	
Mailing Address PO Box 70885		Amount of Each Disbursement this Period 29.89	
City Charlotte State NC Zip Code 28272-0885	Purpose of Disbursement Bank Service Charges 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D11213 Date of Disbursement 03 / 05 / 2007	
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 1027.38	
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Credit Card; see items below 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Kingsmill Resort		Transaction ID: D11240 Date of Disbursement 03 / 05 / 2007	
Mailing Address 1010 Kingsmill Rd.		Amount of Each Disbursement this Period 475.00	
City Williamsburg State VA Zip Code 23185	Purpose of Disbursement Candidate Hotel 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	1027.38
TOTAL This Period (last page this line number only) ▶	(Empty box)

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. Office Depot

Full Name (Last, First, Middle Initial)
Mailing Address 2200 Old Germantown Rd.

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement Office Supplies and Expenses
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D11247

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. Public Storage

Full Name (Last, First, Middle Initial)
Mailing Address 701 Western Ave.

City Glendale State CA Zip Code 91201-2349

Purpose of Disbursement Office Rent
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D11251

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. United States Postal Service

Full Name (Last, First, Middle Initial)
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: D11261

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**

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.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11214 Date of Disbursement 03 / 21 / 2007
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 535.31
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Credit Card; see items below Candidate Name Category/Type: 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. A V Ristorante Italiano		Transaction ID: D11273 Date of Disbursement 03 / 21 / 2007
Mailing Address 607 New York Ave., NW		Amount of Each Disbursement this Period 65.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Volunteer Expenses Candidate Name Category/Type: 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Shell Oil Company		Transaction ID: D11279 Date of Disbursement 03 / 21 / 2007
Mailing Address 1 Shell Plz. 777 Walker St.		Amount of Each Disbursement this Period 53.00
City Houston State TX Zip Code 77002	Purpose of Disbursement Gas for Campaign Vehicle Candidate Name Category/Type: 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	535.31
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11215 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 1897.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Credit Card; see items below Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D11216 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address P.O. Box 2855		Amount of Each Disbursement this Period 167.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City New York State NY Zip Code 10116-2855	Purpose of Disbursement Credit Card Fee Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) C. B.J. Pumpnickel's		Transaction ID: D11221 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 18169 Town Center Dr.		Amount of Each Disbursement this Period 1044.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Olney State MD Zip Code 20832	Purpose of Disbursement Event Catering Candidate Name Category/Type 007	
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) ▶	1897.13
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.

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D11230 Date of Disbursement 03 / 19 / 2007
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 4.22
City Pittsburgh State PA Zip Code 15250-7461	Purpose of Disbursement Copy charge 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Hunan Dynasty		Transaction ID: D11235 Date of Disbursement 03 / 19 / 2007
Mailing Address 215 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 197.65
City Washington State DC Zip Code 20003-0115	Purpose of Disbursement Catering (Fundraising) 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Public Storage		Transaction ID: D11250 Date of Disbursement 03 / 19 / 2007
Mailing Address 701 Western Ave.		Amount of Each Disbursement this Period 204.00
City Glendale State CA Zip Code 91201-2349	Purpose of Disbursement Office Rent 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) ▼	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) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 55

<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)
Capital One, FSB

Mailing Address PO Box 70885

City Charlotte State NC Zip Code 28272-0885

Purpose of Disbursement
Credit Card; see item below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D11226

Date of Disbursement

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

Amount of Each Disbursement this Period

81.61

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

B. 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
Bank Service Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D11225

Date of Disbursement

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

Amount of Each Disbursement this Period

.61

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

81.61

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

54554.42

**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.

Full Name (Last, First, Middle Initial) A. Arcuri for Congress		Transaction ID: D11217 Date of Disbursement 03 / 29 / 2007
Mailing Address 2617 Crestway		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica	State NY	
Zip Code 13501	Category/Type 011	
Purpose of Disbursement Contribution NY-24 US House Candidate Name Hon. Michael Angelo Arcuri		
Office Sought: <input checked="" 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: NY District: 24		

Full Name (Last, First, Middle Initial) B. Chet Edwards for Congress		Transaction ID: D11227 Date of Disbursement 03 / 29 / 2007
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waco	State TX	
Zip Code 76702	Category/Type 011	
Purpose of Disbursement Contribution TX-17 US House Candidate Name Hon. Chet Edwards		
Office Sought: <input checked="" 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: TX District: 17		

Full Name (Last, First, Middle Initial) C. Committee to Elect Chris Murphy		Transaction ID: D11228 Date of Disbursement 03 / 29 / 2007
Mailing Address PO Box 127		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cheshire	State CT	
Zip Code 06410	Category/Type 011	
Purpose of Disbursement Contribution CT-05 US House Candidate Name Hon. Christopher Scott Murphy		
Office Sought: <input checked="" 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: CT District: 05		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 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.

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte.		Transaction ID: D11229 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 430 S. Capitol St., SE		Amount of Each Disbursement this Period 28575.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Transfer, Excess Campaign Funds Candidate Name Category/Type 008	
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) ▼	

Full Name (Last, First, Middle Initial) B. Democratic Organization of Queens Co.		Transaction ID: D11188 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 72-50 Austin St.		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
City Forest Hills State NY Zip Code 11375	Purpose of Disbursement Contributions Candidate Name Category/Type 011	
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) ▼	

Full Name (Last, First, Middle Initial) C. Gillibrand for Congress		Transaction ID: D11232 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO Box 1279		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hudson State NY Zip Code 12534	Purpose of Disbursement Contribution NY-20 US House Candidate Name Hon. Kirsten E. Gillibrand Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	31075.00
TOTAL 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 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.

Full Name (Last, First, Middle Initial) A. Jewish Community Centers		Transaction ID: D11238 Date of Disbursement 03 / 19 / 2007
Mailing Address 15 E. 26th St. 10th Floor		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name	012 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) ▼	

Full Name (Last, First, Middle Initial) B. John Hall for Congress		Transaction ID: D11239 Date of Disbursement 03 / 29 / 2007
Mailing Address PO Box 274		Amount of Each Disbursement this Period 1000.00
City Hopewell Junction State NY Zip Code 12533	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution NY-19 US House Candidate Name Hon. John Hall	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lutheran Schools Association		Transaction ID: D11196 Date of Disbursement 02 / 28 / 2007
Mailing Address 131 Brookville Rd		Amount of Each Disbursement this Period 500.00
City Glen Head State NY Zip Code 11545	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name	012 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) ▶	1750.00
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 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.

Full Name (Last, First, Middle Initial) A. Michelle Schimmel for State Assembly		Transaction ID: D11241 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 40 Cuttermill Rd.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Great Neck NY 11021	Purpose of Disbursement Contributions Candidate Name Category/Type 011	
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) ▼	

Full Name (Last, First, Middle Initial) B. National Action Committee (NACPAC)		Transaction ID: D11289 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 3389 Sheridan St. Suite 424		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
City State Zip Code Hollywood FL 33021	Purpose of Disbursement Contributions Candidate Name Category/Type 012	
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) ▼	

Full Name (Last, First, Middle Initial) C. North Hempstead Democratic Committee		Transaction ID: D11143 Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2007
Mailing Address PO Box 220073		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
City State Zip Code Great Neck NY 11022-0073	Purpose of Disbursement Contributions Candidate Name Category/Type 011	
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) ▶	6500.00
TOTAL 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 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>A. Project Understanding</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 100 Crossways Pk. W. Suite 107</p> <p>City Woodbury State NY Zip Code 11797</p> <p>Purpose of Disbursement Contributions Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D11249 Date of Disbursement 03 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. Queens County Young Democrats</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 211-40 18th Ave. Apt 3K</p> <p>City Bayside State NY Zip Code 11360</p> <p>Purpose of Disbursement Contributions Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D11254 Date of Disbursement 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Stevenson Regular Democratic Club</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 68-15 Fresh Meadows Ln. Box 328</p> <p>City Fresh Meadows State NY Zip Code 11365</p> <p>Purpose of Disbursement Membership Dues Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D11160 Date of Disbursement 01 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>	<p>770.00</p>
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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.

Full Name (Last, First, Middle Initial) A. Swett For Senate		Transaction ID: D11162 Date of Disbursement 01 / 28 / 2007
Mailing Address PO Box 1937		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bow State NH Zip Code 03304	Purpose of Disbursement Contribution NH US Senate Candidate Name Swett For Senate Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Swett For Senate		Transaction ID: D11163 Date of Disbursement 01 / 28 / 2007
Mailing Address PO Box 1937		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bow State NH Zip Code 03304	Purpose of Disbursement Contribution NH US Senate Candidate Name Swett For Senate Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. We Want Wayne Wink		Transaction ID: D11272 Date of Disbursement 03 / 21 / 2007
Mailing Address 1127 Old Northern Blvd.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roslyn State NY Zip Code 11576	Purpose of Disbursement Contributions Candidate Name Category/Type 011	
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) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	50095.00