

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
MICHEL FAULKNER FOR CONGRESS

ADDRESS (number and street) 121 MANHATTAN AVE
 Check if different than previously reported. (ACC)
NEW YORK NY 10025

2. **FEC IDENTIFICATION NUMBER** C00470997
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NY 15

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 09 14 2010 in the State of NY
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2010 through 08 25 2010

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 Eric Groberg

Signature of Treasurer Electronically Filed by Eric Groberg Date 12 02 2010

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MICHEL FAULKNER FOR CONGRESS

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
2	5

Y	Y	Y	Y
2	0	1	0

	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)).....	28740.14	84228.89
(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)).....	28740.14	84228.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	30304.32	78630.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30304.32	78630.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6601.63	
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).....	3500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
MICHEL FAULKNER FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
2	5

Y	Y	Y	Y
2	0	1	0

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	15660.00	48391.65
(i) Itemized (use Schedule A).....	13080.14	27087.24
(ii) Unitemized.....	28740.14	75478.89
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	8500.00
(c) Other Political Committees (such as PACS).....	0.00	250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	28740.14	84228.89
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	903.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	28740.14	85131.89

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30304.32	78630.26
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.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	30304.32	78630.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8165.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	28740.14
25. SUBTOTAL (add Line 23 and Line 24).....	36905.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30304.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6601.63

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard Allen

Mailing Address 62 William Street

City State Zip Code
New York NY 10005

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

Name of Employer Manager Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 17 / 2010

Transaction ID: SA11AI.4349

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
James Arthur

Mailing Address 412 Long Island Drive

City State Zip Code
Hot Springs AR 71913

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

Name of Employer Neurosurgeon Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 29 / 2010

Transaction ID: SA11AI.4351

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Steven Benini

Mailing Address 116 Pinehurst Ave

City State Zip Code
New York NY 10033

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

Name of Employer Marketing and Development Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 07 / 2010

Transaction ID: SA11AI.5916

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

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

Mailing Address 116 Pinehurst Ave

City State Zip Code
New York NY 10033

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

Name of Employer Marketing and Development Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

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

Transaction ID: SA11AI.5917

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Gregory Cauthen

Mailing Address 5409 Valerie St

City State Zip Code
Bellaire TX 77401

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

Name of Employer Retired Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4353

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Lawrence Clark

Mailing Address 99 Jane Street

City State Zip Code
New York NY 10014

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

Name of Employer Investment Analyst Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.4355

Amount of Each Receipt this Period
2400.00

Donation

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Timothy Curro

Mailing Address 366 Broadway
Apt 5C

City State Zip Code
New York NY 10013

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

Name of Employer Occupation
Investment Management

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 29 / 2010

Transaction ID: SA11AI.4357

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
John Flynn

Mailing Address 413 Wynfield Close Ct

City State Zip Code
Louisville KY 40206

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

Name of Employer Occupation
Contractor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.4359

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Javier Garcia-Bengochea

Mailing Address 4903 Morven Road

City State Zip Code
Jacksonville FL 32210

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

Name of Employer Occupation
Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: SA11AI.4361

Amount of Each Receipt this Period
500.00

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 8 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Marichelle Gray

Mailing Address 1970 N. Leslie St, #632

City State Zip Code
Pahrump NV 89060

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

Name of Employer N/A Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.4363

Amount of Each Receipt this Period
250.00

Donation

B. Full Name (Last, First, Middle Initial)
John Hartigan

Mailing Address 8101 Connecticut Avenue

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer None Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.4365

Amount of Each Receipt this Period
250.00

Donation

C. Full Name (Last, First, Middle Initial)
Ana Maria Mahoney

Mailing Address 49 East 96th Street

City State Zip Code
New York NY 10128

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

Name of Employer None Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.4367

Amount of Each Receipt this Period
250.00

Donation

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<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)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Matthew Malouf	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 4222 Cochran Chapel Rd	Transaction ID: SA11AI.4369
	City State Zip Code Dallas TX 75209	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Real Estate Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1200.00	

B.	Full Name (Last, First, Middle Initial) Paul Mango	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 16 Snowberry Lane	Transaction ID: SA11AI.4371
	City State Zip Code Gibsonia PA 15044	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Consultant Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Carol McCall	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 79 Colonial Street	Transaction ID: SA11AI.4373
	City State Zip Code East Northport NY 11731	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Bookkeeper Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 550.00	

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael McGarry

Mailing Address 26 West Broadway

City State Zip Code
Long Beach NY 11561

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

Name of Employer Construction Company Owner Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Contribution

Date of Receipt: 07 / 03 / 2010
Transaction ID: SA11AI.4375

B. Full Name (Last, First, Middle Initial)
Michael McGarry

Mailing Address 26 West Broadway

City State Zip Code
Long Beach NY 11561

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

Name of Employer Construction Company Owner Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Donation

Date of Receipt: 08 / 20 / 2010
Transaction ID: SA11AI.4376

C. Full Name (Last, First, Middle Initial)
Mary Mclemore

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2010.00

Date of Receipt: 08 / 14 / 2010
Transaction ID: SA11AI.5613

SUBTOTAL of Receipts This Page (optional) ► **2510.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Russell McNeill

Mailing Address 1060 Eastin Dr

City State Zip Code
Sonoma CA 95476

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

Name of Employer Occupation
PR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2010

Transaction ID: SA11AI.4378

Donation

B. Full Name (Last, First, Middle Initial)
Alain Palmieri

Mailing Address 200 East 90th Street

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Entrepreneur

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2010

Transaction ID: SA11AI.4380

Donation

C. Full Name (Last, First, Middle Initial)
Georgia Palmieri

Mailing Address 16 Ridgewood Ave

City State Zip Code
Keene NH 03431

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

Name of Employer Occupation
Executive Assistant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2010

Transaction ID: SA11AI.4381

Donation

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joel Radmin
Mailing Address 381 Park Avenue South, Suite 1001
City State Zip Code
New York NY 10016
FEC ID number of contributing federal political committee. **C**
Name of Employer Real Estate Agent Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 300.00
Date of Receipt: 07 / 13 / 2010
Transaction ID: SA11AI.4383
Amount of Each Receipt this Period: 300.00
Donation

B. Full Name (Last, First, Middle Initial)
Eileen Renda
Mailing Address 275 West 96th Street
City State Zip Code
New York NY 10025
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00
Date of Receipt: 08 / 16 / 2010
Transaction ID: SA11AI.4385
Amount of Each Receipt this Period: 1000.00
Donation

C. Full Name (Last, First, Middle Initial)
Anthony Sciacca
Mailing Address 13565 W. Blanchard Rd
City State Zip Code
Gurnee IL 60031
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt: 07 / 31 / 2010
Transaction ID: SA11AI.4387
Amount of Each Receipt this Period: 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1550.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Monty Warner		Date of Receipt MM / DD / YYYY 07 / 25 / 2010
Mailing Address 1202 Lexington Avenue		Transaction ID: SA11AI.4389
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Issue Advocacy	Occupation	Donation
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Bruce Wilkinson		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 715 Hunters Grove Lane		Transaction ID: SA11AI.4391
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation	Donation
Receipt For: 2010 <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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	15660.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Avis Mailing Address 147 West 83rd Street City New York State NY Zip Code 10024 Purpose of Disbursement Campaign Travel Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4478 Date of Disbursement 08 / 21 / 2010 Amount of Each Disbursement this Period 449.37 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Sabor Bovingueno Mailing Address 225 East 118th Street City New York State NY Zip Code 10035 Purpose of Disbursement Pastor's Breakfast Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4393 Date of Disbursement 08 / 14 / 2010 Amount of Each Disbursement this Period 230.00
C.	Full Name (Last, First, Middle Initial) Brun Group Mailing Address 53 West 106th Street City New York State NY Zip Code 10025 Purpose of Disbursement Rent Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4394 Date of Disbursement 07 / 09 / 2010 Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	730.00
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)
MICHEL FAULKNER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Brun Group</p> <p>Mailing Address 53 West 106th Street</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4395</p> <p>Date of Disbursement 07 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Brun Group</p> <p>Mailing Address 53 West 106th Street</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4396</p> <p>Date of Disbursement 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Brun Group</p> <p>Mailing Address 53 West 106th Street</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4397</p> <p>Date of Disbursement 08 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 183.74</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3183.74

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)
MICHEL FAULKNER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Chase

Transaction ID: SB17.4405
Date of Disbursement

Mailing Address 322 West 125th St

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

City State Zip Code
New York NY 10027

Amount of Each Disbursement this Period

101.50

Purpose of Disbursement
Petty Cash Office Material Expense

Category/ Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House Senate President
State: NY District: 15
Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Chase

Transaction ID: SB17.4406
Date of Disbursement

Mailing Address 322 West 125th St

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

City State Zip Code
New York NY 10027

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Copensation/Salary

Category/ Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House Senate President
State: NY District: 15
Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Chase

Transaction ID: SB17.4407
Date of Disbursement

Mailing Address 322 West 125th St

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

City State Zip Code
New York NY 10027

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Compensation/Salary

Category/ Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House Senate President
State: NY District: 15
Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

451.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Details Public Relations <hr/> Mailing Address 205 Yoakum Parkway Suite 1524 <hr/> City Alexandria State VA Zip Code 22304 <hr/> Purpose of Disbursement Political Consulting <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4398 Date of Disbursement 07 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 600.00
B.	Full Name (Last, First, Middle Initial) Esther DeVore <hr/> Mailing Address 221 E 122nd St Suite 1603 <hr/> City New York State NY Zip Code 10035 <hr/> Purpose of Disbursement Campaign Support Services Fee <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4400 Date of Disbursement 08 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 670.00
C.	Full Name (Last, First, Middle Initial) Esther DeVore <hr/> Mailing Address 221 E 122nd St Suite 1603 <hr/> City New York State NY Zip Code 10035 <hr/> Purpose of Disbursement Campaign Support Services Fee <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4401 Date of Disbursement 08 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 1025.00

SUBTOTAL of Disbursements This Page (optional) ▶

2295.00

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)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Esther DeVore <hr/> Mailing Address 221 E 122nd St Suite 1603 <hr/> City New York State NY Zip Code 10035 <hr/> Purpose of Disbursement Campaign Support Services Fee <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4402 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1090.00
B.	Full Name (Last, First, Middle Initial) Esther DeVore <hr/> Mailing Address 221 E 122nd St Suite 1603 <hr/> City New York State NY Zip Code 10035 <hr/> Purpose of Disbursement Campaign Support Services Fee <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4403 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0	Amount of Each Disbursement this Period 740.00
C.	Full Name (Last, First, Middle Initial) Esther DeVore <hr/> Mailing Address 221 E 122nd St Suite 1603 <hr/> City New York State NY Zip Code 10035 <hr/> Purpose of Disbursement Campaign Support Services Fee <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4404 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)		2330.00	
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)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Michel Faulkner Mailing Address 121 Manhattan Avenue City New York State NY Zip Code 10025 Purpose of Disbursement Compensation/Salary Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4408 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 500.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Michel Faulkner Mailing Address 121 Manhattan Avenue City New York State NY Zip Code 10025 Purpose of Disbursement Compensation/Salary Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4409 Date of Disbursement 08 / 12 / 2010 Amount of Each Disbursement this Period 500.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Michel Faulkner Mailing Address 121 Manhattan Avenue City New York State NY Zip Code 10025 Purpose of Disbursement Compensation/Salary Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4410 Date of Disbursement 08 / 19 / 2010 Amount of Each Disbursement this Period 500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)
MICHEL FAULKNER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Michel Faulkner

Transaction ID: SB17.4411
Date of Disbursement

Mailing Address 121 Manhattan Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

City State Zip Code
New York NY 10025

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Compensation/Salary

--

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

B.

Full Name (Last, First, Middle Initial)
Michel Faulkner

Transaction ID: SB17.4412
Date of Disbursement

Mailing Address 121 Manhattan Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	0

City State Zip Code
New York NY 10025

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Compensation/Salary

--

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

C.

Full Name (Last, First, Middle Initial)
Fedex

Transaction ID: SB17.4482
Date of Disbursement

Mailing Address 2578 Broadway

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

City State Zip Code
New York NY 10025

Amount of Each Disbursement this Period

211.22

Purpose of Disbursement
Mail Fee

--

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
MICHEL FAULKNER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Fundraising by Net LLC</p> <p>Mailing Address c/o ElectionMall Technologies 1101 Pennsylvania Ave NW FI 6</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Online Fundraising Transaction Fee</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4413 Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 112.94</p>
<p>B. Full Name (Last, First, Middle Initial) Fundraising by Net LLC</p> <p>Mailing Address c/o ElectionMall Technologies 1101 Pennsylvania Ave NW FI 6</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Online Fundraising Transaction Fee</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4414 Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 109.93</p>
<p>C. Full Name (Last, First, Middle Initial) Fundraising by Net LLC</p> <p>Mailing Address c/o ElectionMall Technologies 1101 Pennsylvania Ave NW FI 6</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Online Fundraising Transaction Fee</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4415 Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 572.31</p>

SUBTOTAL of Disbursements This Page (optional) ▶

795.18

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)

<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)
MICHEL FAULKNER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Fundraising by Net LLC</p> <p>Mailing Address c/o ElectionMall Technologies 1101 Pennsylvania Ave NW FI 6</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Online Fundraising Transaction Fee</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4416 Date of Disbursement: 08 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 269.05</p>
<p>B. Full Name (Last, First, Middle Initial) Fundraising by Net LLC</p> <p>Mailing Address c/o ElectionMall Technologies 1101 Pennsylvania Ave NW FI 6</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Online Fundraising Transaction Fee</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4417 Date of Disbursement: 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 108.31</p>
<p>C. Full Name (Last, First, Middle Initial) Fundraising by Net LLC</p> <p>Mailing Address c/o ElectionMall Technologies 1101 Pennsylvania Ave NW FI 6</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Online Fundraising Transaction Fee</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4418 Date of Disbursement: 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 254.34</p>

SUBTOTAL of Disbursements This Page (optional)	631.70
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)

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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)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Fundraising by Net LLC Mailing Address c/o ElectionMall Technologies 1101 Pennsylvania Ave NW FI 6 City Washington State DC Zip Code 20004 Purpose of Disbursement Online Fundraising Transaction Fee Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15	Transaction ID: SB17.4419 Date of Disbursement 08 / 23 / 2010 Amount of Each Disbursement this Period 460.51
B.	Full Name (Last, First, Middle Initial) Garden of Eden Mailing Address 2780 Broadway City New York State NY Zip Code 10025 Purpose of Disbursement Fundraiser Event Food and Beverages Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15	Transaction ID: SB17.4480 Date of Disbursement 08 / 21 / 2010 Amount of Each Disbursement this Period 1025.34 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Grassroots Initiative Mailing Address 224 West 4th Street Suite 200 City New York State NY Zip Code 10014 Purpose of Disbursement Printing and Design Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15	Transaction ID: SB17.4475 Date of Disbursement 08 / 07 / 2010 Amount of Each Disbursement this Period 295.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	460.51
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)
MICHEL FAULKNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Viviana Hernandez <hr/> Mailing Address 311 C Sterling Drive <hr/> City Brooklyn State NY Zip Code 11209 <hr/> Purpose of Disbursement Political Consulting <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4420 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2010
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	(Empty box for Category/Type)
B. Full Name (Last, First, Middle Initial) Viviana Hernandez <hr/> Mailing Address 311 C Sterling Drive <hr/> City Brooklyn State NY Zip Code 11209 <hr/> Purpose of Disbursement Out of Pocket Expenses <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4421 Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2010
	Amount of Each Disbursement this Period 57.00
	Category/ Type
	(Empty box for Category/Type)
C. Full Name (Last, First, Middle Initial) Viviana Hernandez <hr/> Mailing Address 311 C Sterling Drive <hr/> City Brooklyn State NY Zip Code 11209 <hr/> Purpose of Disbursement Out of Pocket expense reimbursement <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4422 Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2010
	Amount of Each Disbursement this Period 37.50
	Category/ Type
	(Empty box for Category/Type)

SUBTOTAL of Disbursements This Page (optional) ▶	394.50
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)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Viviana Hernandez	Transaction ID: SB17.4423 Date of Disbursement 07 / 28 / 2010
	Mailing Address 311 C Sterling Drive	Amount of Each Disbursement this Period 172.50
	City Brooklyn State NY Zip Code 11209	
	Purpose of Disbursement Compensation-Salary	Category/Type
	Candidate Name MICHEL FAULKNER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Viviana Hernandez	Transaction ID: SB17.4424 Date of Disbursement 08 / 03 / 2010
	Mailing Address 311 C Sterling Drive	Amount of Each Disbursement this Period 300.00
	City Brooklyn State NY Zip Code 11209	
	Purpose of Disbursement Political Consulting	Category/Type
	Candidate Name MICHEL FAULKNER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Viviana Hernandez	Transaction ID: SB17.4425 Date of Disbursement 08 / 03 / 2010
	Mailing Address 311 C Sterling Drive	Amount of Each Disbursement this Period 32.00
	City Brooklyn State NY Zip Code 11209	
	Purpose of Disbursement Political Consulting Fee	Category/Type
	Candidate Name MICHEL FAULKNER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	504.50
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)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Viviana Hernandez <hr/> Mailing Address 311 C Sterling Drive <hr/> City Brooklyn State NY Zip Code 11209 <hr/> Purpose of Disbursement Political Consulting <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4426 Date of Disbursement 08 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 150.00
B.	Full Name (Last, First, Middle Initial) Viviana Hernandez <hr/> Mailing Address 311 C Sterling Drive <hr/> City Brooklyn State NY Zip Code 11209 <hr/> Purpose of Disbursement Political Consulting <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4427 Date of Disbursement 08 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 150.00
C.	Full Name (Last, First, Middle Initial) Viviana Hernandez <hr/> Mailing Address 311 C Sterling Drive <hr/> City Brooklyn State NY Zip Code 11209 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4428 Date of Disbursement 08 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 76.00

SUBTOTAL of Disbursements This Page (optional) ▶	376.00
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)
MICHEL FAULKNER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Viviana Hernandez

Transaction ID: SB17.4429
Date of Disbursement

Mailing Address 311 C Sterling Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City State Zip Code
Brooklyn NY 11209

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Political Consulting

Category/
Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District: 15

B.

Full Name (Last, First, Middle Initial)
Viviana Hernandez

Transaction ID: SB17.4430
Date of Disbursement

Mailing Address 311 C Sterling Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	0

City State Zip Code
Brooklyn NY 11209

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Political Consulting

Category/
Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District: 15

C.

Full Name (Last, First, Middle Initial)
Calvin Johnson

Transaction ID: SB17.4431
Date of Disbursement

Mailing Address PO Box 1805
FDR Station

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

City State Zip Code
New York NY 10150

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Political Consulting

Category/
Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District: 15

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
MICHEL FAULKNER FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Calvin Johnson</p> <p>Mailing Address PO Box 1805 FDR Station</p> <p>City New York State NY Zip Code 10150</p> <p>Purpose of Disbursement Political Consulting</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4432</p> <p>Date of Disbursement 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Calvin Johnson</p> <p>Mailing Address PO Box 1805 FDR Station</p> <p>City New York State NY Zip Code 10150</p> <p>Purpose of Disbursement Political Consulting</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4433</p> <p>Date of Disbursement 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 99.66</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Calvin Johnson</p> <p>Mailing Address PO Box 1805 FDR Station</p> <p>City New York State NY Zip Code 10150</p> <p>Purpose of Disbursement Political Consulting</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4434</p> <p>Date of Disbursement 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional)	599.66
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)
MICHEL FAULKNER FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Nicole Johnson</p> <p>Mailing Address 45 Clinton Avenue Apartment 3</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement Political Consulting</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4436</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Nicole Johnson</p> <p>Mailing Address 45 Clinton Avenue Apartment 3</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement Political Consulting</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4437</p> <p>Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Daniel Jordan</p> <p>Mailing Address 1751 2nd Ave. #23A</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Video Production Fee</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4439</p> <p>Date of Disbursement 07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 525.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1025.00

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)
MICHEL FAULKNER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
McCullochWorks

Transaction ID: SB17.4441
Date of Disbursement

Mailing Address 29 Samson Ave
First Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

City Madison State NJ Zip Code 07940

Amount of Each Disbursement this Period

703.25

Purpose of Disbursement
Tee Shirts

Category/ Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House Senate President
State: NY District: 15
Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
NYC Taxi

Transaction ID: SB17.5938
Date of Disbursement

Mailing Address 32-02 Queens Blvd

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

City Long Island City State NY Zip Code 11101

Amount of Each Disbursement this Period

9.40

Purpose of Disbursement
Campaign Travel

Category/ Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House Senate President
State: NY District: 15
Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
NYC Taxi

Transaction ID: SB17.5935
Date of Disbursement

Mailing Address 32-02 Queens Blvd

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

City Long Island City State NY Zip Code 11101

Amount of Each Disbursement this Period

5.00

Purpose of Disbursement
Campaign Travel

Category/ Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House Senate President
State: NY District: 15
Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

717.65

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NYC Taxi	Transaction ID: SB17.5936 Date of Disbursement
	Mailing Address 32-02 Queens Blvd	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Long Island City State NY Zip Code 11101	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Travel	<input type="text" value="8.40"/>
	Candidate Name MICHEL FAULKNER FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NYC Taxi	Transaction ID: SB17.5940 Date of Disbursement
	Mailing Address 32-02 Queens Blvd	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Long Island City State NY Zip Code 11101	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Travel	<input type="text" value="13.30"/>
	Candidate Name MICHEL FAULKNER FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NYC Taxi	Transaction ID: SB17.5941 Date of Disbursement
	Mailing Address 32-02 Queens Blvd	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Long Island City State NY Zip Code 11101	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Travel	<input type="text" value="13.60"/>
	Candidate Name MICHEL FAULKNER FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="35.30"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
MICHEL FAULKNER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) NYC Taxi</p> <p>Mailing Address 32-02 Queens Blvd</p> <p>City Long Island City State NY Zip Code 11101</p> <p>Purpose of Disbursement Campaign Travel</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5942</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 14.60</p>
<p>B. Full Name (Last, First, Middle Initial) NYC Taxi</p> <p>Mailing Address 32-02 Queens Blvd</p> <p>City Long Island City State NY Zip Code 11101</p> <p>Purpose of Disbursement Campaign Travel</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5937</p> <p>Date of Disbursement 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 9.20</p>
<p>C. Full Name (Last, First, Middle Initial) Raise Digital</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Online Media Fee</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4471</p> <p>Date of Disbursement 08 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

23.80

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)
MICHEL FAULKNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Raise Digital <hr/> Mailing Address 13755 Sunrise Valley Drive Suite 450 <hr/> City Herndon State VA Zip Code 20171 <hr/> Purpose of Disbursement Online Media Fee <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4473 Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2010
	Amount of Each Disbursement this Period 500.00
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Russell Agency <hr/> Mailing Address 317 Pequot Ave <hr/> City Southport State CT Zip Code 06890 <hr/> Purpose of Disbursement Property and Liability Insurance <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4443 Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2010
	Amount of Each Disbursement this Period 928.50
	Category/Type
	Category/Type
C. Full Name (Last, First, Middle Initial) Anthony Guzman Saunders <hr/> Mailing Address 53 West 106th Street <hr/> City New York State NY Zip Code 10025 <hr/> Purpose of Disbursement Political Consulting <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4445 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2010
	Amount of Each Disbursement this Period 375.00
	Category/Type
	Category/Type

SUBTOTAL of Disbursements This Page (optional)	1303.50
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)
MICHEL FAULKNER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Victor Solis

Transaction ID: SB17.5934
Date of Disbursement

Mailing Address 1558 Longfellow Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

City State Zip Code
Bronx NY 10460

Amount of Each Disbursement this Period

47.00

Purpose of Disbursement
Out of Pocket Expenses

Category/
Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

B.

Full Name (Last, First, Middle Initial)
Victor Solis

Transaction ID: SB17.4446
Date of Disbursement

Mailing Address 1558 Longfellow Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

City State Zip Code
Bronx NY 10460

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Consulting

Category/
Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

C.

Full Name (Last, First, Middle Initial)
Victor Solis

Transaction ID: SB17.4447
Date of Disbursement

Mailing Address 1558 Longfellow Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

City State Zip Code
Bronx NY 10460

Amount of Each Disbursement this Period

19.60

Purpose of Disbursement
Out of Pocket Expenses

Category/
Type

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

SUBTOTAL of Disbursements This Page (optional)

1066.60

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Victor Solis	Transaction ID: SB17.4448 Date of Disbursement 07 / 19 / 2010
	Mailing Address 1558 Longfellow Ave	Amount of Each Disbursement this Period 63.80
	City Bronx State NY Zip Code 10460	
	Purpose of Disbursement Out of Pocket Expenses	Category/Type
	Candidate Name MICHEL FAULKNER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Victor Solis	Transaction ID: SB17.4449 Date of Disbursement 07 / 28 / 2010
	Mailing Address 1558 Longfellow Ave	Amount of Each Disbursement this Period 500.00
	City Bronx State NY Zip Code 10460	
	Purpose of Disbursement Political Consulting	Category/Type
	Candidate Name MICHEL FAULKNER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Victor Solis	Transaction ID: SB17.4450 Date of Disbursement 08 / 02 / 2010
	Mailing Address 1558 Longfellow Ave	Amount of Each Disbursement this Period 500.00
	City Bronx State NY Zip Code 10460	
	Purpose of Disbursement Political Consulting	Category/Type
	Candidate Name MICHEL FAULKNER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1063.80

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)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Victor Solis Mailing Address 1558 Longfellow Ave City Bronx State NY Zip Code 10460 Purpose of Disbursement Political Consulting Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4451 Date of Disbursement 08 / 02 / 2010 Amount of Each Disbursement this Period 500.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Victor Solis Mailing Address 1558 Longfellow Ave City Bronx State NY Zip Code 10460 Purpose of Disbursement Political Consulting Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4452 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 500.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Victor Solis Mailing Address 1558 Longfellow Ave City Bronx State NY Zip Code 10460 Purpose of Disbursement Political Consulting Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4453 Date of Disbursement 08 / 09 / 2010 Amount of Each Disbursement this Period 500.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Victor Solis <hr/> Mailing Address 1558 Longfellow Ave <hr/> City State Zip Code Bronx NY 10460 <hr/> Purpose of Disbursement Out of Pocket Expense Reimbursement <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4454 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">67.00</td> </tr> </table> <hr/> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0	67.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	6		2	0	1	0														
67.00																							
B.	Full Name (Last, First, Middle Initial) Victor Solis <hr/> Mailing Address 1558 Longfellow Ave <hr/> City State Zip Code Bronx NY 10460 <hr/> Purpose of Disbursement Copies Reimbursement <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4455 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">22.94</td> </tr> </table> <hr/> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0	22.94
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	6		2	0	1	0														
22.94																							
C.	Full Name (Last, First, Middle Initial) Victor Solis <hr/> Mailing Address 1558 Longfellow Ave <hr/> City State Zip Code Bronx NY 10460 <hr/> Purpose of Disbursement Copy Expenses <hr/> Candidate Name MICHEL FAULKNER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4456 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">50.00</td> </tr> </table> <hr/> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	1	0	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	1	0														
50.00																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">139.94</td> </tr> </table>	139.94
139.94		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Dan Stratton

Transaction ID: SB17.4458
Date of Disbursement

Mailing Address 95 Leonard Street

/ /

City State Zip Code
New York NY 10013

Amount of Each Disbursement this Period

Purpose of Disbursement
Fundraising Fee

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

B.

Full Name (Last, First, Middle Initial)
Johnnie Thomas

Transaction ID: SB17.4460
Date of Disbursement

Mailing Address 317 West 45th Street

/ /

City State Zip Code
New York NY 10020

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

C.

Full Name (Last, First, Middle Initial)
Johnnie Thomas

Transaction ID: SB17.4461
Date of Disbursement

Mailing Address 317 West 45th Street

/ /

City State Zip Code
New York NY 10020

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

Candidate Name
MICHEL FAULKNER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

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)

PAGE 39 / 43

<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)
MICHEL FAULKNER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Johnnie Thomas</p> <p>Mailing Address 317 West 45th Street</p> <p>City New York State NY Zip Code 10020</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4462</p> <p>Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 211.61</p>
<p>B. Full Name (Last, First, Middle Initial) Johnnie Thomas</p> <p>Mailing Address 317 West 45th Street</p> <p>City New York State NY Zip Code 10020</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4463</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 228.22</p>
<p>C. Full Name (Last, First, Middle Initial) Johnnie Thomas</p> <p>Mailing Address 317 West 45th Street</p> <p>City New York State NY Zip Code 10020</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4464</p> <p>Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 228.33</p>

SUBTOTAL of Disbursements This Page (optional)	668.16
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 40 / 43

<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)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Johnnie Thomas <hr/> Mailing Address 317 West 45th Street <hr/> City New York State NY Zip Code 10020 <hr/> Purpose of Disbursement Salary Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4465 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 225.59
B.	Full Name (Last, First, Middle Initial) Johnnie Thomas <hr/> Mailing Address 317 West 45th Street <hr/> City New York State NY Zip Code 10020 <hr/> Purpose of Disbursement Salary Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4466 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 225.59
C.	Full Name (Last, First, Middle Initial) Johnnie Thomas <hr/> Mailing Address 317 West 45th Street <hr/> City New York State NY Zip Code 10020 <hr/> Purpose of Disbursement Salary Candidate Name MICHEL FAULKNER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4467 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 162.31

SUBTOTAL of Disbursements This Page (optional) ▶	613.49
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)
MICHEL FAULKNER FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 2576 Broadway</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Mailing Fee</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4484</p> <p>Date of Disbursement 08 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 326.63</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) US Treasury</p> <p>Mailing Address Internal Revenue Service P.O. Box 804522</p> <p>City Cincinnati State OH Zip Code 45280-4522</p> <p>Purpose of Disbursement Employer's Quarterly Taxes</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4469</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 216.35</p>
<p>C. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address Cardmember Service PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886</p> <p>Purpose of Disbursement Credit Card Bill Payment</p> <p>Candidate Name MICHEL FAULKNER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4470</p> <p>Date of Disbursement 08 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

716.35

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB17.4472 Date of Disbursement 08 / 07 / 2010
	Mailing Address Cardmember Service PO Box 15153	Amount of Each Disbursement this Period 850.00
	City Wilmington State DE Zip Code 19886	
	Purpose of Disbursement Credit Card Bill Payment	Category/Type
	Candidate Name MICHEL FAULKNER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB17.4476 Date of Disbursement 08 / 21 / 2010
	Mailing Address Cardmember Service PO Box 15153	Amount of Each Disbursement this Period 2500.00
	City Wilmington State DE Zip Code 19886	
	Purpose of Disbursement Credit Card Bill Payment	Category/Type
	Candidate Name MICHEL FAULKNER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Amy Wu	Transaction ID: SB17.4486 Date of Disbursement 08 / 12 / 2010
	Mailing Address 1327 Lexington Ave Apt 10B	Amount of Each Disbursement this Period 500.00
	City New York State NY Zip Code 10128	
	Purpose of Disbursement Political Consulting	Category/Type
	Candidate Name MICHEL FAULKNER FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3850.00
TOTAL This Period (last page this line number only)	29924.32

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 / 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MICHEL FAULKNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Power of Persuasion Media	Nature of Debt (Purpose): Final invoice for completion of video
Mailing Address 133 West 118th Street	
City State ZIP Code New York NY 10026	

Outstanding Balance Beginning This Period 500.00	Transaction ID: SD10.4695	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Raise Digital	Nature of Debt (Purpose): Monthly Retainer
Mailing Address 13755 Sunrise Valley Drive Suite 450	
City State ZIP Code Herndon VA 20171	

Outstanding Balance Beginning This Period 3000.00	Transaction ID: SD10.4697	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) SUBTOTALS This Period This Page (optional).....	3500.00
2) TOTALS This Period (last page this line number only).....	3500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	3500.00