



SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

New York State Conservative Party

Report Covering the Period: From: 04 / 01 / 2026 To: 06 / 03 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		22053.53
(b) Cash on Hand at Beginning of Reporting Period.....	3491.17	
(c) Total Receipts (from Line 19) .....	22702.39	40052.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26193.56	62105.92
7. Total Disbursements (from Line 31).....	5968.82	41881.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20224.74	20224.74
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

New York State Conservative Party

Report Covering the Period: From: 04 / 01 / 2026 To: 06 / 03 / 2026

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3750.00	8500.00
(ii) Unitemized .....	225.00	825.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3975.00	9325.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3975.00	21325.00
12. Transfers From Affiliated/Other Party Committees.....	18727.39	18727.39
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	22702.39	40052.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22702.39	40052.39

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2937.76	4850.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2937.76	4850.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2323.00	36323.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	708.06	708.06
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	708.06	708.06
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5968.82	41881.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5968.82	41881.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3975.00	21325.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3975.00	21325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2937.76	4850.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2937.76	4850.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**New York State Conservative Party**

**A. Buttino, Michael \*, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 Surprise Result Road  
 City Earlton State NY Zip Code 12058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2026  
**Transaction ID : SA11AI.51609**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Golden, Martin, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 80th St  
 City Brooklyn State NY Zip Code 11209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2026  
**Transaction ID : SA11AI.51607**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Keegan, Edward, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Battalion Drive  
 City Stony Point State NY Zip Code 10980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2026  
**Transaction ID : SA11AI.51606**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**New York State Conservative Party**

**A. Lim, Howard \*, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 83 Valley Terrace  
 City Rye Brook State NY Zip Code 10573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2026  
**Transaction ID : SA11AI.51599**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mazzullo, Donald, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 Edgemere Dr.  
 City Rochester State NY Zip Code 14612-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harter Secrest & Emery, LLP Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 27 / 2026  
**Transaction ID : SA11AI.51613**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Melnicke, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1637 50th St  
 City Brooklyn State NY Zip Code 11204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rockaway Care Center Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026  
**Transaction ID : SA11AI.51600**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**New York State Conservative Party**

**A. Roehmholdt, John\*, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 Village Pointe Lane  
 City Williamsville State NY Zip Code 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great Lakes Physicians Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2026  
**Transaction ID : SA11AI.51622**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Sigismondi, Hedy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2046 E. 21st Street  
 City Brooklyn State NY Zip Code 11229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2026  
**Transaction ID : SA11AI.51610**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Staub, Karen, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 Prospect Park SW Apt A2  
 City Brooklyn State NY Zip Code 11218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2026  
**Transaction ID : SA11AI.51596**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**New York State Conservative Party**

**A. LANGWORTHY CONGRESSIONAL VICTORY COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 120  
 City CLARENCE State NY Zip Code 14031  
 FEC ID number of contributing federal political committee. **C** C00832188  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 18727.39

Date of Receipt **04 / 10 / 2026**  
**Transaction ID : SA12.51588**  
 Amount of Each Receipt this Period 18727.39  
 Memo Item  
 transfer of joint fund raising proceeds

**B. Brylinski, James, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6631 Jewett Holmwood Road  
 City Orchard Park State NY Zip Code 14127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt **03 / 09 / 2026**  
**Transaction ID : SA12.51588.0**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item

**C. Huck, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6278 Gott Creek Trail  
 City East Amherst State NY Zip Code 14051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regent Occupation (for Individual) Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **03 / 24 / 2026**  
**Transaction ID : SA12.51588.1**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	18727.39
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 13  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**New York State Conservative Party**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Buchheit, Gerald, A, ,**

Mailing Address 6210 Lake Shore Rd

City Lakeview State NY Zip Code 14085

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

Name of Employer (for Individual) Accent Stripe Occupation (for Individual) President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2026

**Transaction ID : SA12.51588.2**

Amount of Each Receipt this Period  
 5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Castle, John, , ,**

Mailing Address 150 E. 58th Street  
 38th Flr.

City New York State NY Zip Code 10155

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

Name of Employer (for Individual) Castle Harlan Inc Occupation (for Individual) Merchant Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2025

**Transaction ID : SA12.51588.3**

Amount of Each Receipt this Period  
 8000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18727.39

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**New York State Conservative Party**

**A. ADP**

Full Name (Last, First, Middle Initial)

Mailing Address 20 Jay Street

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 15 / 2026

FEC Identification Number C

**Transaction ID : SB21B.51587**

Amount of Each Disbursement this Period 833.72

Memo Item

**B. Davis, Andrew, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8829 Ft. Hamilton Pkwy, D1

City Brooklyn State NY Zip Code 11209

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 15 / 2026

FEC Identification Number C

**Transaction ID : SB21B.51617**

Amount of Each Disbursement this Period 912.00

Memo Item

**C. Johnson, Eileen, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1239 80th Street

City Brooklyn State NY Zip Code 11228

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 15 / 2026

FEC Identification Number C

**Transaction ID : SB21B.51618**

Amount of Each Disbursement this Period 1151.04

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2896.76
<b>TOTAL</b> This Period (last page this line number only).....▶	2896.76

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**New York State Conservative Party**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 1270

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2026

FEC Identification Number

C

**Transaction ID : SB29.51585**

Amount of Each Disbursement this Period

2323.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2323.00

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

2323.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**New York State Conservative Party**

Full Name (Last, First, Middle Initial)

**A. Horizon Messaging Corp**

Mailing Address 3050 Skyline Dr

City  
Schenectady

State  
NY

Zip Code  
12306

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	6

FEC Identification Number

**C** [ ]

**Transaction ID : SB30B.51615**  
Amount of Each Disbursement this Period

[ ] 622.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. Horizon Messaging Corp**

Mailing Address 3050 Skyline Dr

City  
Schenectady

State  
NY

Zip Code  
12306

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	6

FEC Identification Number

**C** [ ]

**Transaction ID : SB30B.51616**  
Amount of Each Disbursement this Period

[ ] 85.62

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C** [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

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