

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

NEW YORK CHOICE PAC II

ADDRESS (number and street) 1202 Lexington Avenue Box 246

Check if different than previously reported. (ACC)

New York NY 10028

2. **FEC IDENTIFICATION NUMBER ▼** C00146472 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of NY

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 16 / 2014 through M M / D D / Y Y Y Y Y Y 11 / 24 / 2014

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 Wendy Mackenzie

Signature of Treasurer Wendy Mackenzie *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 12 / 01 / 2014

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 3X (Rev. 02/2003)

Write or Type Committee Name

NEW YORK CHOICE PAC II

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="36096.47"/>	<input type="text" value="36096.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13056.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4575.00"/>	<input type="text" value="41958.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="17631.21"/>	<input type="text" value="78055.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2112.36"/>	<input type="text" value="62536.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15518.85"/>	<input type="text" value="15518.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

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 3X (Rev. 06/2004)

Write or Type Committee Name

NEW YORK CHOICE PAC II

Report Covering the Period: From: / / To: / /

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).....	3900.00	39150.00
(ii) Unitemized	675.00	2025.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	4575.00	41175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4575.00	41175.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	783.90
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))..... ▶	4575.00	41958.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4575.00	41958.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	950.00
(b) Other Federal Operating Expenditures	2112.36	12086.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2112.36	13036.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	49500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2112.36	62536.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2112.36	61586.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4575.00	41175.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4575.00	41175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2112.36	12086.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	783.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	2112.36	11302.62

**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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
NEW YORK CHOICE PAC II

A. Phoebe Bender
Full Name (Last, First, Middle Initial)
Mailing Address 125 Euclid Avenue

City Albany	State NY	Zip Code 12203
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FEC ID number of contributing federal political committee. **C**

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.5380

Amount of Each Receipt this Period
1000.00

B. Mary Tracey Brooks
Full Name (Last, First, Middle Initial)
Mailing Address 7 N Lyons Avenue

City Menands	State NY	Zip Code 12204
-----------------	-------------	-------------------

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

Name of Employer Family Planning Advocates	Occupation Public Policy Advocate
---	--------------------------------------

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
10	/	17	/	2014

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period
250.00

C. Anne Dowling
Full Name (Last, First, Middle Initial)
Mailing Address 257 West 117 th Street Apt 4 H

City New York	State NY	Zip Code 10026
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FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation consultant
--------------------------	--------------------------

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
11	/	06	/	2014

Transaction ID : SA11AI.5360

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL 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 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW YORK CHOICE PAC II

A. Clare Gregorian
Full Name (Last, First, Middle Initial)
Mailing Address 340 W. 57TH Street
City New York State NY Zip Code 10019
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1250.00**

Date of Receipt **10 / 30 / 2014**
Transaction ID : SA11AI.5367
Amount of Each Receipt this Period **500.00**

B. Barbara Grodd
Full Name (Last, First, Middle Initial)
Mailing Address 1035 5th Avenue
City New York State NY Zip Code 19928
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 06 / 2014**
Transaction ID : SA11AI.5362
Amount of Each Receipt this Period **300.00**

C. Mary Lunt
Full Name (Last, First, Middle Initial)
Mailing Address 114 Bedell Road
City Poughkeepsie State NY Zip Code 12603
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation retired
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 11 / 2014**
Transaction ID : SA11AI.5358
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1300.00**
TOTAL 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 8 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW YORK CHOICE PAC II

A. Marjorie Rosenthal
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 e. 66th street
 City new york State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : SA11AI.5381
 Amount of Each Receipt this Period
 1100.00
 In-kind -

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	3900.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 CHOICE PAC II

Full Name (Last, First, Middle Initial)

A. Ms Carolyn Kamlet

Mailing Address 726 Beach Road

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB21B.5383

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

B. Marjorie Rosenthal

Mailing Address 131 e. 66th street

City new york State NY Zip Code 10021

Purpose of Disbursement
In-kind -

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.5382

Amount of Each Disbursement this Period

1100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

2050.00

2050.00

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

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