

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Mike for Brooklyn

ADDRESS (number and street)

P.O. Box 768

Check if different than previously reported. (ACC)

New York

NY

10033

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00922070

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NY

09

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

06

23

2026

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

04

01

2026

through

06

03

2026

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 Presser, Steven, , ,

Signature of Treasurer Presser, Steven, , ,

Date

06

11

2026

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

Office Use Only

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Mike for Brooklyn

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

| | 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)) | 8581.00 | 208850.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 8581.00 | 208850.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 26351.40 | 204952.07 |
| (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)) | 26351.40 | 204952.07 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 53397.93 | |
| 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) | 50000.00 | |

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Mike for Brooklyn

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 8300.00 | 202400.00 |
| (ii) Unitemized..... | 281.00 | 4450.00 |
| (iii) TOTAL of contributions from individuals ▶ | 8581.00 | 206850.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 2000.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 8581.00 | 208850.00 |
| 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 | 100000.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 100000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 8581.00 | 308850.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 26351.40 | 204952.07 |
| 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 | 50000.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 50000.00 |
| 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 | 500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 26351.40 | 255452.07 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 71168.33 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 8581.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 79749.33 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 26351.40 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 53397.93 |

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

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

FOR LINE NUMBER: PAGE 5 OF 15
(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)
Mike for Brooklyn

A. Full Name (Last, First, Middle Initial)
Altman, Adam, , ,
Mailing Address 10 Applegreen Dr
City Old Westbury State NY Zip Code 11568-1203
FEC ID number of contributing federal political committee. C
Name of Employer KABR Occupation Real Estate
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 08 / 2026
Transaction ID : 8788355
Amount of Each Receipt this Period
500.00
 Memo Item
* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO Box 962017
City Boston State MA Zip Code 02196-2017
FEC ID number of contributing federal political committee. C C00401224
Name of Employer Occupation Conduit total listed in Agg. field
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2026
Transaction ID : 8788355E
Amount of Each Receipt this Period
500.00
 Memo Item
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Cutler, Lisa, A, ,
Mailing Address 49 E 86Th St # 10A
City New York State NY Zip Code 10028-1060
FEC ID number of contributing federal political committee. C
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2026
Transaction ID : 9516145
Amount of Each Receipt this Period
3300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3800.00
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 6 OF 15 | |
| <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)
Mike for Brooklyn

A. Full Name (Last, First, Middle Initial)
Graiss, David, , ,

Mailing Address 49 E 86Th St
Apt 10A

City New York State NY Zip Code 10028-1060

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2026

Transaction ID : 8104109

Amount of Each Receipt this Period
3500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Lipschitz, Andrew, , ,

Mailing Address 250 E 53Rd St
Apt 1404

City New York State NY Zip Code 10022-5247

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

Name of Employer Andrew Lipschitz Occupation Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2026

Transaction ID : 8091754

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1781.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 19 / 2026

Transaction ID : 8091754E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

4000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Mike for Brooklyn

A. Full Name (Last, First, Middle Initial)
Melemed, Daniel, , ,

Mailing Address 3 Hancock Park
1

City Cambridge State MA Zip Code 02139-1713

FEC ID number of contributing federal political committee. C

Name of Employer Fay Nutrition Occupation Software Engineer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : 8172633

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

FEC ID number of contributing federal political committee. C C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1781.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 19 / 2026

Transaction ID : 8172633E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Wirtshafter, Tom, , ,

Mailing Address 2000 Broadway
Apt 24

City New York State NY Zip Code 10023-5028

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2026

Transaction ID : 8755679

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

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

500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Mike for Brooklyn

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1781.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2026

Transaction ID : 8755679E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 8300.00 |

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) | PAGE 9 OF 15 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Mike for Brooklyn

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement Service Fee Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : 500112036

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement Service Fee Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : 500120570

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement Service Fee Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : 500120571

Memo Item

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 10 OF 15 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Mike for Brooklyn

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement Service Fee Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : 500140088

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement Service Fee Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : 500140089

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement Service Fee Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : 500140093

Memo Item

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 11 OF 15 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Mike for Brooklyn

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. ACTBLUE | | Date of Disbursement MM / DD / YYYY 05 / 31 / 2026 |
| Mailing Address PO Box 962017 | | FEC Identification Number C C00401224 |
| City Boston | State MA | Zip Code 02196-2017 |
| Purpose of Disbursement Service Fee | | Amount of Each Disbursement this Period 0.36 |
| Candidate Name | Category/ Type 003 | Transaction ID : 500142563 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. ACTBLUE | | Date of Disbursement MM / DD / YYYY 06 / 03 / 2026 |
| Mailing Address PO Box 962017 | | FEC Identification Number C C00401224 |
| City Boston | State MA | Zip Code 02196-2017 |
| Purpose of Disbursement Service Fee | | Amount of Each Disbursement this Period 3.95 |
| Candidate Name | Category/ Type 003 | Transaction ID : 500142565 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Graubard, Howard, , , | | Date of Disbursement MM / DD / YYYY 04 / 07 / 2026 |
| Mailing Address 462 Degraw St | | FEC Identification Number C |
| City Brooklyn | State NY | Zip Code 11217-2904 |
| Purpose of Disbursement Legal Services | | Amount of Each Disbursement this Period 3750.00 |
| Candidate Name | Category/ Type 001 | Transaction ID : 500112033 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3754.31 |
| 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 12 OF 15 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Mike for Brooklyn

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Graubard, Howard, , , | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2026 |
| Mailing Address 462 Degraw St | | FEC Identification Number C |
| City Brooklyn | State NY | Zip Code 11217-2904 |
| Purpose of Disbursement Reimbursement | Category/ Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 50.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : 500112194 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Graubard, Howard, , , | | Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2026 |
| Mailing Address 462 Degraw St | | FEC Identification Number C |
| City Brooklyn | State NY | Zip Code 11217-2904 |
| Purpose of Disbursement Legal Services | Category/ Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 945.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : 500124654 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Jones Mandel | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026 |
| Mailing Address 1752 NW Market St Ste 730 | | FEC Identification Number C |
| City Seattle | State WA | Zip Code 98107-5264 |
| Purpose of Disbursement Research | Category/ Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 18000.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : 500112035 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 18995.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 15 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Mike for Brooklyn

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Presser Compliance LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026 |
| Mailing Address PO Box 768 | | FEC Identification Number C |
| City New York | State NY | Zip Code 10033-0594 |
| Purpose of Disbursement April Compliance Services | Category/ Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 3500.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : 500097705 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. TD Bank | | Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2026 |
| Mailing Address 4941 Broadway | | FEC Identification Number C |
| City New York | State NY | Zip Code 10034-2303 |
| Purpose of Disbursement Bank Fee | Category/ Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 30.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : 500112034 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. TD Bank | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2026 |
| Mailing Address 4941 Broadway | | FEC Identification Number C |
| City New York | State NY | Zip Code 10034-2303 |
| Purpose of Disbursement Bank Fee | Category/ Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 3.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : 500140101 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3533.00 |
| 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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Mike for Brooklyn

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. TD Bank | | Date of Disbursement MM / DD / YYYY 05 / 29 / 2026 |
| Mailing Address 4941 Broadway | | FEC Identification Number C |
| City New York | State NY | Zip Code 10034-2303 |
| Purpose of Disbursement Bank Fee | | Category/ Type 001 |
| Candidate Name | | Amount of Each Disbursement this Period 3.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : 500140102 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | FEC Identification Number C |
| City | State | Zip Code |
| Purpose of Disbursement | | Category/ Type |
| Candidate Name | | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | FEC Identification Number C |
| City | State | Zip Code |
| Purpose of Disbursement | | Category/ Type |
| Candidate Name | | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3.00 |
| TOTAL This Period (last page this line number only).....▶ | 26351.40 |

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : 6132161L**
 Mike for Brooklyn

| | | |
|---|-------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: 2026 |
| Goldfarb, Michael, , , | | <input checked="" type="checkbox"/> Primary |
| Mailing Address 162 Argyle Rd | | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) ▼ |
| City Brooklyn | State NY | ZIP Code 11218-3402 |
| | | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|--|---|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 50000.00 | Balance Outstanding at Close of This Period 50000.00 |
|--------------------------------------|--|---|

| | | | | |
|--------------|---------------------------------------|-----------------------------|----------------------------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M M / D D / Y Y Y Y 12 / 31 / 2025 | M M / D D / Y Y Y Y none | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 50000.00 |
| TOTALS This Period (last page in this line only).....▶ | 50000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.