

# 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

DeCillis for NY

ADDRESS (number and street)

PO BOX 140727

Check if different than previously reported. (ACC)

STATEN ISLAND

NY

10314

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00935742

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NY

11

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 Sarasohn, Peter, , ,

Signature of Treasurer

Sarasohn, Peter, , ,

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

DeCillis for NY

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="10915.92"/>	<input type="text" value="45866.86"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="100.00"/>	<input type="text" value="100.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	<input type="text" value="10815.92"/>	<input type="text" value="45766.86"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="14807.68"/>	<input type="text" value="20159.44"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="14807.68"/>	<input type="text" value="20159.44"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="25607.42"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DeCillis for NY

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5248.92	33608.87
(ii) Unitemized.....	5667.00	12257.99
(iii) TOTAL of contributions from individuals ▶	10915.92	45866.86
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10915.92	45866.86
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	10915.92	45866.86

**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.....	14807.68	20159.44
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 .....	100.00	100.00
(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)).....	100.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	14907.68	20259.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	29599.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10915.92
25. SUBTOTAL (add Line 23 and Line 24).....	40515.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14907.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	25607.42

# 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 25  
(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)  
**DeCillis for NY**

**A.** Full Name (Last, First, Middle Initial)  
Davie, Sarah, , ,

Mailing Address 24 Kosciuszko St  
Apt 4B

City Brooklyn State NY Zip Code 11205-4160

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

Name of Employer Dining Alliance Occupation CAO

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 14 / 2026

**Transaction ID : 20151770**

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**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 17 / 2026

**Transaction ID : 20151770E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
DEVITO, Michael, , ,

Mailing Address 1 Fillat St

City Staten Island State NY Zip Code 10314-2110

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

Name of Employer NYCID Occupation Program Manager

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2026

**Transaction ID : 20151727**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 25	
<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)  
**DeCillis for NY**

**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**

Name of Employer \_\_\_\_\_ Occupation  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		03		2026

**Transaction ID : 20151727E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 1 Fillat St

City Staten Island	State NY	Zip Code 10314-2110
-----------------------	-------------	------------------------

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

Name of Employer \_\_\_\_\_ Occupation  
NYCID \_\_\_\_\_ Program Manager

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		30		2026

**Transaction ID : 20151804**

Amount of Each Receipt this Period  
100.00

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**

Name of Employer \_\_\_\_\_ Occupation  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		31		2026

**Transaction ID : 20151804E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	100.00
<b>TOTAL</b> 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 7 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeCillis for NY**

**A.** Full Name (Last, First, Middle Initial)  
Gambon, Veronica, , ,

Mailing Address 382 N Burgher Ave

City Staten Island State NY Zip Code 10310-2024

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 ▼  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2026

**Transaction ID : 20151696**

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**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2026

**Transaction ID : 20151696E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
JONES, SALLY, E, ,

Mailing Address 110 Hamilton Ave

City Staten Island State NY Zip Code 10301-1609

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 ▼  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2026

**Transaction ID : 20151663**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

<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 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 25  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DeCillis for NY**

**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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 12 2026

**Transaction ID : 20151663E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
JONES, SALLY, E, ,

Mailing Address 110 Hamilton Ave

City Staten Island State NY Zip Code 10301-1609

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 04 2026

**Transaction ID : 20151748**

Amount of Each Receipt this Period  
250.00

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

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

**Transaction ID : 20151748E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 9 OF 25  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DeCillis for NY**

**A.** Full Name (Last, First, Middle Initial)  
Khanna, Ashok, , ,

Mailing Address 609 Ocean Ter

City Staten Island State NY Zip Code 10301-4527

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

Name of Employer NYC Health + Hospitals Occupation Physician

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2268.11

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 20 / 2026

**Transaction ID : 20164159**

Amount of Each Receipt this Period  
317.92

Memo Item

\* In-Kind: In-kind - Postcards/Palm Cards

**B.** Full Name (Last, First, Middle Initial)  
Khanna, Nidhi, , ,

Mailing Address 609 Ocean Ter

City Staten Island State NY Zip Code 10301-4527

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2868.73

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2026

**Transaction ID : 20153612**

Amount of Each Receipt this Period  
36.00

Memo Item

\* In-Kind: In-kind - Website: Squarespace

**C.** Full Name (Last, First, Middle Initial)  
Khanna, Nidhi, , ,

Mailing Address 609 Ocean Ter

City Staten Island State NY Zip Code 10301-4527

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2938.73

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2026

**Transaction ID : 20164162**

Amount of Each Receipt this Period  
70.00

Memo Item

\* In-Kind: In-Kind - Printed Materials: Mailing Box for Campaign

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 423.92

**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 10 OF 25  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DeCillis for NY**

**A.** Full Name (Last, First, Middle Initial)  
Mccarthy, Laura, , ,

Mailing Address 621 Bard Ave

City Staten Island State NY Zip Code 10310-3017

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

Name of Employer Self Occupation Psychotherapist

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 30 2026

**Transaction ID : 20151726**

Amount of Each Receipt this Period  
100.00

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**

Name of Employer Conduit total listed in Agg. field Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 03 2026

**Transaction ID : 20151726E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 621 Bard Ave

City Staten Island State NY Zip Code 10310-3017

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

Name of Employer Self Occupation Psychotherapist

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 31 2026

**Transaction ID : 20151809**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 11 OF 25	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DeCillis for NY**

**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**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2026

**Transaction ID : 20151809E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
Miller, David, , ,

Mailing Address 13 Hannum St

City Skaneateles State NY Zip Code 13152-1008

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

Name of Employer Occupation  
Retired Retired

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  
05 / 31 / 2026

**Transaction ID : 20174869**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Nurizade, Yusif, , ,

Mailing Address 14 Francine Ln

City Staten Island State NY Zip Code 10314-1912

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

Name of Employer Occupation  
AWS Senior Systems Development Engineer

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2026

**Transaction ID : 20151678**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	600.00
<b>TOTAL</b> 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 12 OF 25	
<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)  
**DeCillis for NY**

**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**

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 05 / 2026

**Transaction ID : 20151678E**

Amount of Each Receipt this Period  

100.00
--------

Memo Item

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
Nurizade, Yusif, , ,

Mailing Address 14 Francine Ln

City Staten Island	State NY	Zip Code 10314-1912
-----------------------	-------------	------------------------

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

Name of Employer AWS	Occupation Senior Systems Development Engineer
-------------------------	---

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 04 / 2026

**Transaction ID : 20151743**

Amount of Each Receipt this Period  

100.00
--------

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**

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 10 / 2026

**Transaction ID : 20151743E**

Amount of Each Receipt this Period  

100.00
--------

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	100.00
<b>TOTAL</b> 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 13 OF 25		
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**DeCillis for NY**

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

Mailing Address 5134 State Route 5

City Vernon	State NY	Zip Code 13476-3621
----------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 27 / 2026

**Transaction ID : 20151320**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Smolenski, Carol, E, ,

Mailing Address 360 74Th St

City Brooklyn	State NY	Zip Code 11209-2510
------------------	-------------	------------------------

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 ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 21 / 2026

**Transaction ID : 20151694**

Amount of Each Receipt this Period  
50.00

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**

Name of Employer Conduit total listed in Agg. field	Occupation Conduit total listed in Agg. field
--	--

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2026

**Transaction ID : 20151694E**

Amount of Each Receipt this Period  
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1050.00
<b>TOTAL</b> 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 14 OF 25  
(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)  
**DeCillis for NY**

**A.** Full Name (Last, First, Middle Initial)  
Smolenski, Carol, E, ,

Mailing Address 360 74Th St

City: Brooklyn State: NY Zip Code: 11209-2510

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: 75.00

Date of Receipt: 05 / 04 / 2026

Transaction ID : 20151746

Amount of Each Receipt this Period: 25.00

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

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 8742.00

Date of Receipt: 05 / 10 / 2026

Transaction ID : 20151746E

Amount of Each Receipt this Period: 25.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Smolenski, Carol, E, ,

Mailing Address 360 74Th St

City: Brooklyn State: NY Zip Code: 11209-2510

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: 275.00

Date of Receipt: 05 / 21 / 2026

Transaction ID : 20151784

Amount of Each Receipt this Period: 200.00

Memo Item

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 15 OF 25	
<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	

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)  
**DeCillis for NY**

**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**

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		24		2026

**Transaction ID : 20151784E**

Amount of Each Receipt this Period  
200.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
Stadnik, Thomas, , ,

Mailing Address 253 81St St

City Brooklyn	State NY	Zip Code 11209-3805
------------------	-------------	------------------------

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
05		30		2026

**Transaction ID : 20151808**

Amount of Each Receipt this Period  
250.00

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**

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		31		2026

**Transaction ID : 20151808E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	250.00
<b>TOTAL</b> 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 16 OF 25	
<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	

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)  
**DeCillis for NY**

**A.** Full Name (Last, First, Middle Initial)  
Walker, Alicia, , ,

Mailing Address 338 W 11Th St

City Traverse City	State MI	Zip Code 49684-3144
-----------------------	-------------	------------------------

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

Name of Employer Traverse Area District Library	Occupation Librarian
--	-------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2026

**Transaction ID : 20151728**

Amount of Each Receipt this Period  
100.00

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**

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 03 / 2026

**Transaction ID : 20151728E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Walker, Alicia, , ,

Mailing Address 338 W 11Th St

City Traverse City	State MI	Zip Code 49684-3144
-----------------------	-------------	------------------------

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

Name of Employer Traverse Area District Library	Occupation Librarian
--	-------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2026

**Transaction ID : 20151805**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	200.00
<b>TOTAL</b> 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 17 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DeCillis for NY**

**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**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2026

**Transaction ID : 20151805E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
Winchester, Tracey, , ,

Mailing Address 316 Pavonia Ave

City Jersey City State NJ Zip Code 07302-1504

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

Name of Employer Occupation  
BEP Human Resources

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  
05 / 13 / 2026

**Transaction ID : 20151768**

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**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8742.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 17 / 2026

**Transaction ID : 20151768E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5248.92

# 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 18 OF 25	
	<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)  
**DeCillis for NY**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 20.10
Candidate Name		Transaction ID : 500481929
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>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 23.33
Candidate Name		Transaction ID : 500481930
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>C. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 12.65
Candidate Name		Transaction ID : 500481931
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	56.08
<b>TOTAL</b> 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 19 OF 25	
	<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)  
**DeCillis for NY**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 35.67
Candidate Name		Transaction ID : 500481932
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>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 35.79
Candidate Name		Transaction ID : 500481933
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>C. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 35.64
Candidate Name		Transaction ID : 500481934
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	107.10
<b>TOTAL</b> 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 20 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**DeCillis for NY**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 76.86
Candidate Name		Transaction ID : 500481935
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>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 51.82
Candidate Name		Transaction ID : 500481936
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>C. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 32.50
Candidate Name		Transaction ID : 500481937
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	161.18
<b>TOTAL</b> 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 21 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**DeCillis for NY**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement Merchant Processing Fees		Amount of Each Disbursement this Period 17.33
Candidate Name		Transaction ID : 500481938
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>B. Christ Church Bay Ridge</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2026
Mailing Address 7301 Ridge Blvd		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11209-2113
Purpose of Disbursement Rental Fee for Town Hall Space		Amount of Each Disbursement this Period 550.00
Candidate Name		Transaction ID : 500482195
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>C. J &amp; J Printing Company</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2026
Mailing Address 1023 Broadway		FEC Identification Number C
City Bayonne	State NJ	Zip Code 07002-4161
Purpose of Disbursement Printed Campaign Materials		Amount of Each Disbursement this Period 372.44
Candidate Name		Transaction ID : 500482193
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	939.77
<b>TOTAL</b> 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 22 OF 25	
	<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)  
**DeCillis for NY**

Full Name (Last, First, Middle Initial) <b>A. Jim Owles Liberal Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 450 W 17Th St Apt 2405		FEC Identification Number C
City New York	State NY	Zip Code 10011-5835
Purpose of Disbursement Event Ticket		Amount of Each Disbursement this Period 300.00
Candidate Name		Transaction ID : 500482190
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>B. Khanna, Ashok, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2026
Mailing Address 609 Ocean Ter		FEC Identification Number C
City Staten Island	State NY	Zip Code 10301-4527
Purpose of Disbursement In-kind - Postcards/Palm Cards		Amount of Each Disbursement this Period 317.92
Candidate Name		Transaction ID : 201641591
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 * In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Khanna, Nidhi, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2026
Mailing Address 609 Ocean Ter		FEC Identification Number C
City Staten Island	State NY	Zip Code 10301-4527
Purpose of Disbursement In-kind - Website: Squarespace		Amount of Each Disbursement this Period 36.00
Candidate Name		Transaction ID : 201536121
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 * In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	653.92
<b>TOTAL</b> 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 23 OF 25	
	<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)  
**DeCillis for NY**

Full Name (Last, First, Middle Initial) <b>A. Khanna, Nidhi, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2026
Mailing Address 609 Ocean Ter		FEC Identification Number <b>C</b>
City Staten Island	State NY	Zip Code 10301-4527
Purpose of Disbursement In-Kind - Printed Materials: Mailing Box for Campaign		Amount of Each Disbursement this Period 70.00
Candidate Name		Transaction ID : 20164162I
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 * In-Kind Received
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Law Office Of Ali Najmi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2026
Mailing Address 32 Broadway Ste 1310		FEC Identification Number <b>C</b>
City New York	State NY	Zip Code 10004-1649
Purpose of Disbursement Legal Services		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : 500482186
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Law Office Of Ali Najmi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2026
Mailing Address 32 Broadway Ste 1310		FEC Identification Number <b>C</b>
City New York	State NY	Zip Code 10004-1649
Purpose of Disbursement Legal Services		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : 500482187
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10070.00
<b>TOTAL</b> 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 24 OF 25			
	<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)  
**DeCillis for NY**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2026
Mailing Address 1445 New York Ave NW Ste 200		FEC Identification Number C
City Washington	State DC	Zip Code 20005-2158
Purpose of Disbursement Compliance Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1359.57	
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 : 500482196
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Switchboard</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2026
Mailing Address 875 10Th St NW Apt 1031		FEC Identification Number C
City Washington	State DC	Zip Code 20001-5169
Purpose of Disbursement Texting	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 346.06	
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 : 500482191
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Victory First Consulting</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2026
Mailing Address 8124 Bonaire Ct		FEC Identification Number C
City Silver Spring	State MD	Zip Code 20910-4663
Purpose of Disbursement Compliance Consulting	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 500.00	
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 : 500482188
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2205.63
<b>TOTAL</b> 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 25 OF 25	
	<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)  
**DeCillis for NY**

Full Name (Last, First, Middle Initial) <b>A. Victory First Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2026	
Mailing Address 8124 Bonaire Ct			FEC Identification Number C	
City Silver Spring	State MD	Zip Code 20910-4663	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Compliance Consulting		Category/ Type	Transaction ID : 500482194	
Candidate Name		Memo Item <input type="checkbox"/>		
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
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) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14693.68