

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Tracey Brooks

ADDRESS (number and street) 79 Columbia Street

Check if different than previously reported. (ACC)

Albany NY 12210

2. **FEC IDENTIFICATION NUMBER** C00444653

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A) NY 21

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 \_\_\_\_\_ in the State of \_\_\_\_\_

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

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

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2008 through 12 31 2008

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 Mary Tammy Brooks

Signature of Treasurer Electronically Filed by Mary Tammy Brooks Date 01 12 2009

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

Write or Type Committee Name

Friends of Tracey Brooks

Report Covering the Period:

From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 18700.00                | 587865.65                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 500.00                             |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 18700.00                | 587365.65                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 13605.40                | 616339.55                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 13605.40                | 616339.55                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | <b>5810.90</b>          |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | <b>0.00</b>             |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | <b>114605.11</b>        |                                    |

**For further information contact:**

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

**POST-ELECTION DETAILED  
SUMMARY PAGE**

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Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Tracey Brooks

Report Covering the Period: From:    To:

**I. RECEIPTS**

| COLUMN A<br>Total this Period                              | COLUMN B<br>Election Cycle Total as of<br><input type="text" value="11"/> <input type="text" value="04"/> <input type="text" value="2008"/><br>(date of general election) | COLUMN C<br>Total for<br><input type="text" value="11"/> <input type="text" value="05"/> <input type="text" value="2008"/><br>(date after general election)<br><br>through<br><input type="text" value="12"/> <input type="text" value="31"/> <input type="text" value="2008"/><br>(last day of reporting period) |
|--|---|---|
| 11. CONTRIBUTIONS<br>(other than loans) FROM:              |   |   |
| (a) Individuals/Persons Other than<br>Political Committees |   |   |
| (i) Itemized (Use Schedule A)                              |   |   |
| <input type="text" value="4700.00"/>                       | <input type="text" value="438375.20"/>  | <input type="text" value="2100.00"/>  |
| (ii) Unitemized  |   |   |
| <input type="text" value="4100.00"/>                       | <input type="text" value="95961.69"/>   | <input type="text" value="3875.00"/>  |
| (iii) Total of contributions from individuals              |   |   |
| <input type="text" value="8800.00"/>                       | <input type="text" value="534336.89"/>  | <input type="text" value="5975.00"/>  |
| (b) Political Party Committees                             |   |   |
| <input type="text" value="0.00"/>                          | <input type="text" value="150.00"/>   | <input type="text" value="0.00"/>   |
| (c) Other Political Committees                             |   |   |
| <input type="text" value="9900.00"/>                       | <input type="text" value="52856.04"/>   | <input type="text" value="3900.00"/>  |

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

| <b>COLUMN A</b><br>Total this Period  | <b>COLUMN B</b><br>Election Cycle Total as of *<br>(date of general Election)<br>(* See page 5 for date) | <b>COLUMN C</b><br>Total for * (date after general election)<br>Through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|--|--|
| (d) The Candidate   |  |  |
| 0.00  | 522.72   | 0.00   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) |  |  |
| 18700.00  | 587865.65  | 9875.00  |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                                      |  |  |
| 0.00  | 0.00   | 0.00   |
| 13. LOANS:  |  |  |
| (a) Made or Guaranteed by the Candidate   |  |  |
| 0.00  | 50000.00   | 0.00   |
| (b). All Other Loans  |  |  |
| 0.00  | 0.00   | 0.00   |
| (c). TOTAL LOANS (add Lines 13(a) and (b))  |  |  |
| 0.00  | 50000.00   | 0.00   |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)                       |  |  |
| 0.00  | 0.00   | 0.00   |
| 15. OTHER RECEIPTS (Dividends, Interest, etc)                                       |  |  |
| 0.00  | 265.88   | 0.00   |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                                |  |  |
| 18700.00  | 638131.53  | 9875.00  |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Friends of Tracey Brooks

Report the covering period

From:

MM 10

DD 01

YYYY 2008

To:

MM 12

DD 31

YYYY 2008

II. DISBURSEMENTS

| COLUMN A<br>Total this period                           | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for *<br>Through *<br>(date after general election)<br>(last day of reporting period)<br>(* See page 5 for date) |
|---|---|--|
| <b>17. OPERATING EXPENDITURES</b>                       |   |  |
| 13605.40  | 616339.55   | 8838.88  |
| <b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>      |   |  |
| 0.00  | 0.00  | 0.00   |
| <b>19. LOAN PAYMENTS</b>                                |   |  |
| (a) Of Loans Made or Guaranteed by the Candidate        |   |  |
| 0.00  | 0.00  | 0.00   |
| (b) Of All Other Loans                                  |   |  |
| 0.00  | 0.00  | 0.00   |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )  |   |  |
| 0.00  | 0.00  | 0.00   |
| <b>20. REFUNDS OF CONTRIBUTIONS TO:</b>                 |   |  |
| (a) Individuals/Persons Other Than Political Committees |   |  |
| 0.00  | 500.00  | 0.00   |
| (b) Political Party Committees                          |   |  |
| 0.00  | 0.00  | 0.00   |

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

| COLUMN A<br>Total this period | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | Total for *<br>Through * | COLUMN C<br>(date after general election)<br>(last day of reporting period)<br>(* See page 5 for date) |
|-------------------------------|---|--------------------------|--|
|-------------------------------|---|--------------------------|--|

(c) Other political committees (such as PACs)

|      |      |      |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

|      |        |      |
|------|--------|------|
| 0.00 | 500.00 | 0.00 |
|------|--------|------|

21. OTHER DISBURSEMENTS

|      |      |      |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

|          |           |         |
|----------|-----------|---------|
| 13605.40 | 616839.55 | 8838.88 |
|----------|-----------|---------|

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

|          |           |         |
|----------|-----------|---------|
| 18700.00 | 587365.65 | 9875.00 |
|----------|-----------|---------|

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

|          |           |         |
|----------|-----------|---------|
| 13605.40 | 616339.55 | 8838.88 |
|----------|-----------|---------|

**V. CASH SUMMARY**

|  |          |
|--|----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....                             | 716.30   |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....                              | 18700.00 |
| 25. SUBTOTAL(add Line 23 and Line 24) .....  | 19416.30 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....                         | 13605.40 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 5810.90  |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27  
(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)  
Friends of Tracey Brooks

**A.** Full Name (Last, First, Middle Initial)  
Stephen I. Davis

Mailing Address 101 Lyndon Lea

City State Zip Code  
Fayetteville NY 13066

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Gianelli Sausage Owner & CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Debt Primary 2300.00

Date of Receipt MM / DD / YYYY  
10 / 09 / 2008

**Transaction ID:** C4090853

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kirsten Gillibrand

Mailing Address 358 Mt. Merino Road

City State Zip Code  
Hudson NY 12534

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
United States Congress Congresswoman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Debt Primary 1000.00

Date of Receipt MM / DD / YYYY  
12 / 04 / 2008

**Transaction ID:** C4090815

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Carla E. Hogan

Mailing Address 43 Pinewood Ave.

City State Zip Code  
Albany NY 12208

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Boies Schiller & Flexner LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Debt Primary 300.00

Date of Receipt MM / DD / YYYY  
12 / 04 / 2008

**Transaction ID:** C4090830

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3600.00

**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 8 / 27                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

**A.**

Full Name (Last, First, Middle Initial)  
Steven Kroll

Mailing Address 58 Linda Court

City Delmar State NY Zip Code 12054

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

Name of Employer Healthcare Associates of NYS Occupation VP, Gov't Affairs & External Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Debt Primary

Election Cycle-to-Date ▼ 300.00

Date of Receipt 12 / 03 / 2008

Transaction ID: C4090842

Amount of Each Receipt this Period 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Gerald Leary

Mailing Address 41 Dover Drive

City Delmar State NY Zip Code 12054

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

Name of Employer self Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Debt Primary

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2008

Transaction ID: C4090833

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Cindy Shenker

Mailing Address 677 Broadway, Floor 9

City Albany State NY Zip Code 12207

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

Name of Employer Wilson, Elser, Moskowitz, Edelman & Di Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Debt Primary

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 08 / 2008

Transaction ID: C4090822

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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



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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 / 27                  |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d  | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>steve thomas   |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 13 / 2008   |
| Mailing Address 907 ravine road   |                                    | <b>Transaction ID:</b> C4090854A  |
| City<br>califon   | State<br>NJ                        | Zip Code<br>07830   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>300.00  |
| Name of Employer<br>self  | Occupation<br>consultant           | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Debt Primary | Election Cycle-to-Date ▼<br>300.00 |   |

\* Earmarked Contribution:  
See Below

**B.**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>ActBlue  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 18 / 2008  |
| Mailing Address ActBlue   |  | <b>Transaction ID:</b> C4090854AB  |
| City<br>Cambridge   | State<br>MA                                      | Zip Code<br>02138  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>300.00   |
| Name of Employer  | Occupation<br>Conduit total listed in Agg. field | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>Note: Above Contribution earmarked through this organization. |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Debt Primary | Election Cycle-to-Date ▼<br>1775.00              |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 300.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 4700.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF TEACHERS STAFF UNION COMMIT

Mailing Address 555 NEW JERSEY AVENUE N W

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00157545

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Debt Primary

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 11 / 18 / 2008  
**Transaction ID:** C4090848  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Friends of Charlie Diamond

Mailing Address 22 Manor Place

City Watervliet State NY Zip Code 12189

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Debt Primary

Election Cycle-to-Date ▼ 150.00

Date of Receipt: 12 / 04 / 2008  
**Transaction ID:** C4090841  
 Amount of Each Receipt this Period: 150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Friends of Daniel P. McCoy

Mailing Address 19 Mohican Place

City Albany State NY Zip Code 12208

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Debt Primary

Election Cycle-to-Date ▼ 100.00

Date of Receipt: 12 / 04 / 2008  
**Transaction ID:** C4090840  
 Amount of Each Receipt this Period: 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

**A.** Full Name (Last, First, Middle Initial)  
Friends of Mike Breslin

Mailing Address PO Box 324

City Albany State NY Zip Code 12201

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Debt Primary

Election Cycle-to-Date ▼ 150.00

Date of Receipt: 12 / 04 / 2008  
**Transaction ID: C4090827**  
 Amount of Each Receipt this Period: 150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
HILL PAC

Mailing Address 1133 Connecticut Avenue, N.W.  
Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00363994

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Debt Primary

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 08 / 2008  
**Transaction ID: C4090851**  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
HILL PAC

Mailing Address 1133 Connecticut Avenue, N.W.  
Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00363994

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Debt Primary

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 27 / 2008  
**Transaction ID: C4090852**  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5150.00**

**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 12 / 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

**A.** Full Name (Last, First, Middle Initial)  
MCNULTY FOR CONGRESS

Mailing Address P.O. Box 1560

City State Zip Code  
Green Island NY 12183

FEC ID number of contributing federal political committee. **C** C00230417

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Debt Primary

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C4066545

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MCNULTY FOR CONGRESS

Mailing Address P.O. Box 1560

City State Zip Code  
Green Island NY 12183

FEC ID number of contributing federal political committee. **C** C00230417

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Debt Primary

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C4090849

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>9900.00</b> |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Alchar Printing Group   | Transaction ID: D200045<br>Date of Disbursement<br>10 / 04 / 2008  |
|    | Mailing Address 599 Pawling Ave  | Amount of Each Disbursement this Period<br>1068.12   |
|    | City Troy State NY Zip Code 12180  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>printing - letterhead and #10 envelopes   |  |
|    | Candidate Name   | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Alchar Printing Group   | Transaction ID: D200745<br>Date of Disbursement<br>10 / 07 / 2008  |
|    | Mailing Address 599 Pawling Ave  | Amount of Each Disbursement this Period<br>1064.32   |
|    | City Troy State NY Zip Code 12180  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>payment on remainder of printed materials   |  |
|    | Candidate Name   | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Auburn Quad, Inc.   | Transaction ID: D201774<br>Date of Disbursement<br>10 / 08 / 2008  |
|    | Mailing Address PO Box 390728  | Amount of Each Disbursement this Period<br>2.96  |
|    | City Cambridge State MA Zip Code 02139   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>Service Fee-on-line software for handling credit card contributions                                       |  |
|    | Candidate Name   | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2135.40 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement<br/>Service Fee-on-line software for handling credit card contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D210192<br/><b>Date of Disbursement</b><br/>10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period<br/>11.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement<br/>Service Fee-on-line software for handling credit card contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D210193<br/><b>Date of Disbursement</b><br/>10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period<br/>3.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement<br/>Service Fee-on-line software for handling credit card contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D210194<br/><b>Date of Disbursement</b><br/>10 / 26 / 2008</p> <p>Amount of Each Disbursement this Period<br/>0.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 16.79 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement<br/>Service Fee-on-line software for handling credit card contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D210195<br/><b>Date of Disbursement</b><br/>10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period<br/>0.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement<br/>Service Fee-on-line software for handling credit card contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D210196<br/><b>Date of Disbursement</b><br/>11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period<br/>10.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement<br/>Service Fee-on-line software for handling credit card contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D210197<br/><b>Date of Disbursement</b><br/>12 / 07 / 2008</p> <p>Amount of Each Disbursement this Period<br/>38.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>50.41</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br>Mailing Address 500 State St.<br>City Albany State NY Zip Code 12208<br>Purpose of Disbursement<br>bank fees merchant account<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D200049<br>Date of Disbursement<br>10 / 01 / 2008   |
|  | Amount of Each Disbursement this Period<br>58.31<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br>Mailing Address 500 State St.<br>City Albany State NY Zip Code 12208<br>Purpose of Disbursement<br>bank fees merchant account<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D209665<br>Date of Disbursement<br>11 / 01 / 2008   |
|  | Amount of Each Disbursement this Period<br>56.90<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br>Mailing Address 500 State St.<br>City Albany State NY Zip Code 12208<br>Purpose of Disbursement<br>bank fees merchant account<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D209666<br>Date of Disbursement<br>12 / 01 / 2008   |
|  | Amount of Each Disbursement this Period<br>56.90<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 172.11      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Fort Orange Club</p> <p>Mailing Address 110 Washington Ave.</p> <p>City Albany State NY Zip Code 12210</p> <p>Purpose of Disbursement<br/>Fund raiser for bad debt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> D209670<br/><b>Date of Disbursement</b><br/>12 / 25 / 2008</p> <p>Amount of Each Disbursement this Period<br/>860.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Kyle Kotary</p> <p>Mailing Address 58 Oldox Road</p> <p>City Delmar State NY Zip Code 12054</p> <p>Purpose of Disbursement<br/>consultant reimbursed for expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> D209664<br/><b>Date of Disbursement</b><br/>11 / 10 / 2008</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MacWilliams Kirchner Sanders &amp; Partners, Inc.</p> <p>Mailing Address 1660 L St., NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement<br/>payment on a portion of outstanding invoice</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D209667<br/><b>Date of Disbursement</b><br/>11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

6360.63

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Paychex   | Transaction ID: D209668<br>Date of Disbursement<br>12 / 10 / 2008  |
|    | Mailing Address 286 Washington Ave., Ext.  | Amount of Each Disbursement this Period<br>3.50  |
|    | City Albany State NY Zip Code 12203  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement processing fee<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Paychex   | Transaction ID: D209669<br>Date of Disbursement<br>11 / 10 / 2008  |
|    | Mailing Address 286 Washington Ave., Ext.  | Amount of Each Disbursement this Period<br>11.95   |
|    | City Albany State NY Zip Code 12203  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement processing fee<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Paychex   | Transaction ID: D204578<br>Date of Disbursement<br>10 / 30 / 2008  |
|    | Mailing Address 286 Washington Ave., Ext.  | Amount of Each Disbursement this Period<br>250.20  |
|    | City Albany State NY Zip Code 12203  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Paychex fee to file Tax Returns<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>265.65</b> |
| <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 / 27

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

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Paychex<br>Mailing Address 286 Washington Ave., Ext.<br>City Albany State NY Zip Code 12203<br>Purpose of Disbursement paychex processing fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: D202109<br>Date of Disbursement<br>10 / 10 / 2008<br>Amount of Each Disbursement this Period<br>214.88<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| B. | Full Name (Last, First, Middle Initial)<br>Presidential Life Insurance Company<br>Mailing Address 85 Allen St. Suite 210<br>City Rochester State NY Zip Code 14608<br>Purpose of Disbursement final payment for NY Disability Insurance<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D204576<br>Date of Disbursement<br>10 / 30 / 2008<br>Amount of Each Disbursement this Period<br>29.13<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| C. | Full Name (Last, First, Middle Initial)<br>The Victory Cafe<br>Mailing Address 10 Sheridan Avenue<br>City Albany State NY Zip Code 12207<br>Purpose of Disbursement Primary election night party catering and room rental<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | Transaction ID: D210310<br>Date of Disbursement<br>12 / 10 / 2008<br>Amount of Each Disbursement this Period<br>2356.48<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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

2600.49

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Time Warner Cable<br><br>Mailing Address 101 Highbridge Rd.<br><br>City Schenectady State NY Zip Code 12303<br><br>Purpose of Disbursement<br>final cable television service payment<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: D200865<br>Date of Disbursement<br>10 / 08 / 2008<br><br>Amount of Each Disbursement this Period<br>11.02<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53   |
| B. | Full Name (Last, First, Middle Initial)<br>Verizon Wireless<br><br>Mailing Address PO Box 15124<br><br>City Albany State NY Zip Code 12212-5124<br><br>Purpose of Disbursement<br>telephone and internet<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                        | Transaction ID: D200744<br>Date of Disbursement<br>10 / 07 / 2008<br><br>Amount of Each Disbursement this Period<br>427.90<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53  |
| C. | Full Name (Last, First, Middle Initial)<br>NGP Software<br><br>Mailing Address 1225 Eye St., NW, Suite 1225<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement<br>Campaign software<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                  | Transaction ID: D188387<br>Date of Disbursement<br>10 / 01 / 2008<br><br>Amount of Each Disbursement this Period<br>1500.00<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |

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

1938.92

**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 21 / 27

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

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)  
Friends of Tracey Brooks

A.

Full Name (Last, First, Middle Initial)  
NGP Software

Mailing Address 1225 Eye St., NW, Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement  
broadcast e mail overages July - Sept.

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D204577

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

65.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

65.00

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

13605.40

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

**Transaction ID: L517**

|  |  |
|--|--|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Tracey Brooks, PERS FUNDS - [PERSONAL FUNDS] | Election:<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 7 Cary St  |  |
| City Ravenna State NY ZIP Code 12143-1601  |  |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 50000.00                | 0.00                       | 50000.00                                    |

**TERMS**

|                                  |            |               |   |
|----------------------------------|------------|---------------|---|
| Date Incurred                    | Date Due   | Interest Rate | Secured:  |
| M M 08<br>D D 29<br>Y Y Y Y 2008 | 08/28/2011 | 12.50 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

|   |  |
|---|--|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input style="width: 100%;" type="text" value="50000.00"/> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <input style="width: 100%;" type="text" value="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.

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>James D. Featherstonhaugh | Nature of Debt (Purpose):<br>Reimbursement for Fundraiser Room Rental (06/19/20-08) |
| Mailing Address 99 Pine Street<br>Suite 201  |   |
| City Albany State NY ZIP Code 12207  |   |

|   |                                |  |
|---|--------------------------------|--|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID: D210199</b> |  |
| Amount Incurred This Period<br>5313.55            | Payment This Period<br>0.00    | Outstanding Balance at Close of This Period<br>5313.55 |

|   |  |
|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Lake Research Partners | Nature of Debt (Purpose):<br>six minute tracking survey plus travel expenses |
| Mailing Address 1726 M Street, NW Suite 500   |  |
| City Washington State DC ZIP Code 20036   |  |

|  |                                |  |
|--|--------------------------------|--|
| Outstanding Balance Beginning This Period<br>6075.63 | <b>Transaction ID: D202114</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00    | Outstanding Balance at Close of This Period<br>6075.63 |

|  |                                       |
|--|---------------------------------------|
| <b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>MacWilliams Kirchner Sanders & Partners, Inc. | Nature of Debt (Purpose):<br>RETAINER |
| Mailing Address 1660 L St., NW   |                                       |
| City Washington State DC ZIP Code 20036  |                                       |

|  |                                |  |
|--|--------------------------------|--|
| Outstanding Balance Beginning This Period<br>5032.87 | <b>Transaction ID: D202097</b> |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00    | Outstanding Balance at Close of This Period<br>5032.87 |

|  |                 |
|--|-----------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | <b>16422.05</b> |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            |                 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        |                 |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) |                 |

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|  |             |                   |                                       |
|--|-------------|-------------------|---------------------------------------|
| <b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>MacWilliams Kirchner Sanders & Partners, Inc. |             |                   | Nature of Debt (Purpose):<br>retainer |
| Mailing Address 1660 L St., NW   |             |                   |                                       |
| City<br>Washington   | State<br>DC | ZIP Code<br>20036 |                                       |

|   |  |   |  |
|---|--|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="2940.50"/> |  | Transaction ID: D202098   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="2940.50"/> |  |

|  |             |                   |                                       |
|--|-------------|-------------------|---------------------------------------|
| <b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>MacWilliams Kirchner Sanders & Partners, Inc. |             |                   | Nature of Debt (Purpose):<br>expenses |
| Mailing Address 1660 L St., NW   |             |                   |                                       |
| City<br>Washington   | State<br>DC | ZIP Code<br>20036 |                                       |

|  |  |  |  |
|--|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="355.82"/> |  | Transaction ID: D202099  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="355.82"/> |  |

|  |             |                   |                                       |
|--|-------------|-------------------|---------------------------------------|
| <b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>MacWilliams Kirchner Sanders & Partners, Inc. |             |                   | Nature of Debt (Purpose):<br>expenses |
| Mailing Address 1660 L St., NW   |             |                   |                                       |
| City<br>Washington   | State<br>DC | ZIP Code<br>20036 |                                       |

|  |  |  |  |
|--|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="436.72"/> |  | Transaction ID: D202100  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="436.72"/> |  |

|  |                                      |
|--|--------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="3733.04"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                 |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                 |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                 |



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|  |             |                   |   |
|--|-------------|-------------------|---|
| <b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>MacWilliams Kirchner Sanders & Partners, Inc. |             |                   | Nature of Debt (Purpose):<br>final expenses for spot shipping, phones and out of pocket |
| Mailing Address 1660 L St., NW   |             |                   |   |
| City<br>Washington   | State<br>DC | ZIP Code<br>20036 |   |

|   |  |   |  |
|---|--|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="1122.75"/> |  | <b>Transaction ID: D202101</b>  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="1122.75"/> |  |

|  |             |                   |  |
|--|-------------|-------------------|--|
| <b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>MacWilliams Kirchner Sanders & Partners, Inc. |             |                   | Nature of Debt (Purpose):<br>expenses for produciton of Spot 3 |
| Mailing Address 1660 L St., NW   |             |                   |  |
| City<br>Washington   | State<br>DC | ZIP Code<br>20036 |  |

|   |   |   |  |
|---|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="8100.00"/> |   | <b>Transaction ID: D202102</b>  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="5000.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="3100.00"/> |  |

|  |             |                   |  |
|--|-------------|-------------------|--|
| <b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>MacWilliams Kirchner Sanders & Partners, Inc. |             |                   | Nature of Debt (Purpose):<br>production for Spot 4 |
| Mailing Address 1660 L St., NW   |             |                   |  |
| City<br>Washington   | State<br>DC | ZIP Code<br>20036 |  |

|   |  |   |  |
|---|--|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="5755.35"/> |  | <b>Transaction ID: D202103</b>  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="5755.35"/> |  |

|  |                                      |
|--|--------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="9978.10"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                 |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                 |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                 |

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|  |             |                   |  |
|--|-------------|-------------------|--|
| <b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>MacWilliams Kirchner Sanders & Partners, Inc. |             |                   | Nature of Debt (Purpose):<br>production for spot 5 |
| Mailing Address 1660 L St., NW   |             |                   |  |
| City<br>Washington   | State<br>DC | ZIP Code<br>20036 |  |

|   |  |   |  |
|---|--|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="2724.54"/> |  | <b>Transaction ID:</b> D202104  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="2724.54"/> |  |

|  |             |                   |   |
|--|-------------|-------------------|---|
| <b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>MacWilliams Kirchner Sanders & Partners, Inc. |             |                   | Nature of Debt (Purpose):<br>production for news radio spot |
| Mailing Address 1660 L St., NW   |             |                   |   |
| City<br>Washington   | State<br>DC | ZIP Code<br>20036 |   |

|   |  |   |  |
|---|--|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="2284.30"/> |  | <b>Transaction ID:</b> D202105  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                  | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="2284.30"/> |  |

|   |             |                   |  |
|---|-------------|-------------------|--|
| <b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>The Strategy Group |             |                   | Nature of Debt (Purpose):<br>Brooks 2 mailer |
| Mailing Address 1606 20th St., NW Floor 3   |             |                   |  |
| City<br>Washington  | State<br>DC | ZIP Code<br>20009 |  |

|  |  |  |  |
|--|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="11226.54"/> |  | <b>Transaction ID:</b> D202106   |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                   | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="11226.54"/> |  |

|  |                                       |
|--|---------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="16235.38"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                  |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                  |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                  |

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Tracey Brooks

|   |       |          |  |
|---|-------|----------|--|
| <b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>The Strategy Group |       |          | Nature of Debt (Purpose):<br>Brooks 6 mailer |
| Mailing Address 1606 20th St., NW Floor 3   |       |          |  |
| City  | State | ZIP Code |  |
| Washington  | DC    | 20009    |  |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     | Transaction ID: D202107                     |  |
| 11026.54                                  |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
| 0.00                                      | 0.00                | 11026.54                                    |  |

|   |       |          |   |
|---|-------|----------|---|
| <b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>The Strategy Group |       |          | Nature of Debt (Purpose):<br>Brooks Walk Card 7-9 |
| Mailing Address 1606 20th St., NW Floor 3   |       |          |   |
| City  | State | ZIP Code |   |
| Washington  | DC    | 20009    |   |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     | Transaction ID: D202108                     |  |
| 7210.00                                   |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
| 0.00                                      | 0.00                | 7210.00                                     |  |

|   |       |          |  |
|---|-------|----------|--|
| <b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>The Victory Cafe |       |          | Nature of Debt (Purpose):<br>primary election night dinner |
| Mailing Address 10 Sheridan Avenue  |       |          |  |
| City  | State | ZIP Code |  |
| Albany  | NY    | 12207    |  |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     | Transaction ID: D202111                     |  |
| 2356.48                                   |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
| 0.00                                      | 2356.48             | 0.00  |  |

|  |   |           |
|--|---|-----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | ▶ | 18236.54  |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            | ▶ | 64605.11  |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | ▶ | 50000.00  |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | ▶ | 114605.11 |