

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

Committee to Elect Gary L. Ackerman, Inc.

ADDRESS (number and street) 100 Jericho Quadrangle, # 233

Check if different than previously reported. (ACC)

Jericho NY 11753

2. **FEC IDENTIFICATION NUMBER** C00165241

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

NY 05

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 01 01 2009 through 03 31 2009

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 Robert Barnett

Signature of Treasurer Electronically Filed by Robert Barnett Date 04 14 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

Committee to Elect Gary L. Ackerman, Inc.

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)).....	24860.00	52260.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	24860.00	52260.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	63707.61	117468.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	2540.02	2540.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61167.59	114928.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1096424.81	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Committee to Elect Gary L. Ackerman, Inc.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3150.00

23650.00

(ii) Unitemized.....

1210.00

2110.00

(iii) TOTAL of contributions

4360.00

25760.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

20500.00

26500.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

24860.00

52260.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

2540.02

2540.02

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

1360.57

2661.77

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

28760.59

57461.79

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	63707.61	117468.17
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.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	32714.00	36764.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	96421.61	154232.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1164085.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	28760.59
25. SUBTOTAL (add Line 23 and Line 24).....	1192846.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	96421.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1096424.81

**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 5 / 67
	<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Simona Riklis Ackerman	Date of Receipt MM / DD / YYYY 01 / 21 / 2009
	Mailing Address 1020 Fifth Ave. Apt. 8	Transaction ID: C22932
	City State Zip Code New York NY 10028-0133	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Mona Ackerman, PhD, MD Psychologist	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Richard A. Grace	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 470 West St.	Transaction ID: C22954
	City State Zip Code Harrison NY 10528	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Grace Industries President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Noor Z. Khan	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 11 Hickory Dr.	Transaction ID: C22948
	City State Zip Code Glen Head NY 11545-2535	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation First Medical Owner	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
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 6 / 67
	(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)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial) Thomas S. Kim		Date of Receipt MM / DD / YYYY 02 / 12 / 2009
Mailing Address 5525 Ajuga Ct.		Transaction ID: C22939
City Centreville	State VA	Zip Code 20120-3089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Scribe Strategies & Advisors	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Stephen J. Slade		Date of Receipt MM / DD / YYYY 03 / 23 / 2009
Mailing Address 2475 Virginia Ave., NW Apt. 913		Transaction ID: C22955
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Davidoff Malito & Hutcher	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	3150.00

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

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

FOR LINE NUMBER: PAGE 7 / 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial)
AFLAC Inc. Political Action Committee
Mailing Address 1932 Wynnton Rd.
City Columbus State GA Zip Code 31999
FEC ID number of contributing federal political committee. **C** C00034157
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
02 / 12 / 2009
Transaction ID: C22936
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)
American Association for Justice
Mailing Address AAJ PAC
1050 31st St., NW
City Washington State DC Zip Code 20007-4499
FEC ID number of contributing federal political committee. **C** C00024521
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
02 / 12 / 2009
Transaction ID: C22937
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)
American Federation of Government Employees
Mailing Address AFGE Political Action Committee
80 F St., NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00009936
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
03 / 13 / 2009
Transaction ID: C22949
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00
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 8 / 67
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial)
Armenian National Committee

Mailing Address 104 N.Belmont St.

City State Zip Code
Glendale CA 91206

FEC ID number of contributing federal political committee. **C** C00146969

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: C22934

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
International Brotherhood of Boilermakers, Blacksmiths

Mailing Address Legislative Education-Action Prog.
753 State Ave.

City State Zip Code
Kansas City KS 66101-2511

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: C22938

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)
International Brotherhood of Electrical Workers

Mailing Address IBEW-COPE
900 7th St., NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C22961

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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 / 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial)
Investment Company Institute

Mailing Address Political Action Committee
1401 H St., NW

City Washington State DC Zip Code 20005-2148

FEC ID number of contributing federal political committee. C C00105981

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 13 / 2009

Transaction ID: C22950

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)
Lockheed Martin Employees'

Mailing Address Political Action Committee
1550 Crystal Dr.

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. C C00030783

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 05 / 2009

Transaction ID: C22951

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)
NCPAPAC/National Community Pharmacists

Mailing Address Political Action Committee
100 Daingerfield Rd.

City Alexandria State VA Zip Code 22314-2888

FEC ID number of contributing federal political committee. C C00030809

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 09 / 2009

Transaction ID: C22952

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 3000.00

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 10 / 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial)
Northrop Grumman

Mailing Address Employees of Northrop Grumman PAC
520 S. Grand Ave.

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 9

Transaction ID: C22967

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)
Raytheon

Mailing Address Political Action Committee
1100 Wilson Blvd.

City Arlington State VA Zip Code 22209-2297

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 2 / 2 0 0 9

Transaction ID: C22940

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)
Venable LLP

Mailing Address Ven-PAC
PO Box 83142

City Gaithersburg State MD Zip Code 20883-3142

FEC ID number of contributing federal political committee. **C** C00369660

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 2 / 2 0 0 9

Transaction ID: C22941

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Verizon Communications Inc.		Date of Receipt
	Mailing Address Good Government Club 1330 I St., NW		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington	State DC	Zip Code 20005
	FEC ID number of contributing federal political committee. C C00186288		Transaction ID: C22960
	Name of Employer	Occupation	Amount of Each Receipt this Period 1000.00
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	20500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial)
Ravi Batra

Mailing Address 44 Aberfoyle Road

City State Zip Code
New Rochelle NY 10804-3624

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 316.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 9 / 2 0 0 9

Transaction ID: C22927

Amount of Each Receipt this Period
316.00

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

Event Tickets

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

Mailing Address PO Box 380902

City State Zip Code
Bloomington MN 55438

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1211.55

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 5 / 2 0 0 9

Transaction ID: C22928

Amount of Each Receipt this Period
1211.55

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

Lease refund

C. Full Name (Last, First, Middle Initial)
David Makovsky

Mailing Address 701 Hermleigh Rd.

City State Zip Code
Silver Spring MD 20902

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 316.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 9

Transaction ID: C22929

Amount of Each Receipt this Period
316.00

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

Event Tickets

SUBTOTAL of Receipts This Page (optional) ► **1843.55**

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 13 / 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial)
Jeffrey M. Wice

Mailing Address 9622 Parkwood Dr.

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 316.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 9

Transaction ID: C22930

Amount of Each Receipt this Period
316.00

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

Event Tickets

B. Full Name (Last, First, Middle Initial)
Victoria Yunis

Mailing Address 38-15 Bell Blvd.

City State Zip Code
Bayside NY 11361

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 316.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 2 / 2 0 0 9

Transaction ID: C22931

Amount of Each Receipt this Period
316.00

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

Event Tickets

SUBTOTAL of Receipts This Page (optional) ► **632.00**

TOTAL This Period (last page this line number only) ► **2475.55**

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

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

FOR LINE NUMBER: PAGE 14 / 67
(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)
Committee to Elect Gary L. Ackerman, Inc.

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

Mailing Address PO Box 5870
Grand Central Station

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: C22958

Amount of Each Receipt this Period
6.55

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

* Interest

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

Mailing Address PO Box 5870
Grand Central Station

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 9

Transaction ID: C22956

Amount of Each Receipt this Period
476.08

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

* Interest

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

Mailing Address PO Box 5870
Grand Central Station

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 9

Transaction ID: C22959

Amount of Each Receipt this Period
4.84

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

* Interest

SUBTOTAL of Receipts This Page (optional) ▶ **487.47**

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 15 / 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

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

Mailing Address PO Box 5870
Grand Central Station

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 9

Transaction ID: C22957

Amount of Each Receipt this Period
431.05

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

* Interest

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

Mailing Address PO Box 5870
Grand Central Station

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 3 / 2 0 0 9

Transaction ID: C22968

Amount of Each Receipt this Period
185.03

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

* Interest

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

Mailing Address PO Box 5870
Grand Central Station

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C22969

Amount of Each Receipt this Period
244.75

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

* Interest

SUBTOTAL of Receipts This Page (optional) ► **860.83**

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 16 / 67
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)
Citibank

Mailing Address PO Box 5870
Grand Central Station

City State Zip Code
New York NY 10163

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.08

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: C22963

Amount of Each Receipt this Period
4.71

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

* Interest

B.

Full Name (Last, First, Middle Initial)
Family Management Securities

Mailing Address 477 Madison Ave.
14th Floor

City State Zip Code
New York NY 10022-5802

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
361.69

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: C22964

Amount of Each Receipt this Period
6.72

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

* Interest

C.

Full Name (Last, First, Middle Initial)
Family Management Securities

Mailing Address 477 Madison Ave.
14th Floor

City State Zip Code
New York NY 10022-5802

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
361.69

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C22965

Amount of Each Receipt this Period
0.81

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

* Interest

SUBTOTAL of Receipts This Page (optional) ▶ **12.24**

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 17 / 67	
	(check only one)	
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Family Management Securities		Date of Receipt
	Mailing Address 477 Madison Ave. 14th Floor		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10022-5802
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: 2010		Election Cycle-to-Date ▼	Transaction ID: C22966
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="361.69"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="0.03"/>
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
			* Interest

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.03"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1360.57"/>

**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 / 67

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D12754 Date of Disbursement 01 / 02 / 2009
	Mailing Address PO Box 2855	Amount of Each Disbursement this Period 4.95
	City New York State NY Zip Code 10116-2855	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit-card processing fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D12753 Date of Disbursement 01 / 05 / 2009
	Mailing Address PO Box 2855	Amount of Each Disbursement this Period 253.70
	City New York State NY Zip Code 10116-2855	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit-card processing fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D12814 Date of Disbursement 02 / 02 / 2009
	Mailing Address PO Box 2855	Amount of Each Disbursement this Period 4.95
	City New York State NY Zip Code 10116-2855	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit-card processing fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

263.60

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit-card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12815 Date of Disbursement 02 / 05 / 2009 Amount of Each Disbursement this Period 10.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit-card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12980 Date of Disbursement 03 / 02 / 2009 Amount of Each Disbursement this Period 4.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit-card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12979 Date of Disbursement 03 / 05 / 2009 Amount of Each Disbursement this Period 0.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

15.55

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Robert Barnett Mailing Address 10 LeCluse Ln. City Huntington State NY Zip Code 11743 Purpose of Disbursement Cust, Petty Cash, none >\$100 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12950 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Robert Barnett Mailing Address 10 LeCluse Ln. City Huntington State NY Zip Code 11743 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12951 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 1670.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Barnett & Company Mailing Address 10 LeCluse Ln. City Huntington State NY Zip Code 11743 Purpose of Disbursement Accounting Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12830 Date of Disbursement 03 / 04 / 2009 Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4570.50

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Bayside Florist <hr/> Mailing Address 39-19 Bell Blvd. <hr/> City Bayside State NY Zip Code 11361 <hr/> Purpose of Disbursement Campaign Flowers Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12757 Date of Disbursement 01 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 123.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Bayside Florist <hr/> Mailing Address 39-19 Bell Blvd. <hr/> City Bayside State NY Zip Code 11361 <hr/> Purpose of Disbursement Campaign Flowers Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12833 Date of Disbursement 03 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 61.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bayside Florist <hr/> Mailing Address 39-19 Bell Blvd. <hr/> City Bayside State NY Zip Code 11361 <hr/> Purpose of Disbursement Campaign Flowers Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12832 Date of Disbursement 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 61.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	247.72
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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Steven D. Boms	Transaction ID: D12952 Date of Disbursement 01 / 30 / 2009
	Mailing Address 1713 26th St. S. Apt. 10	Amount of Each Disbursement this Period 119.70
	City Arlington State VA Zip Code 22206	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Steven D. Boms	Transaction ID: D12953 Date of Disbursement 02 / 26 / 2009
	Mailing Address 1713 26th St. S. Apt. 10	Amount of Each Disbursement this Period 119.70
	City Arlington State VA Zip Code 22206	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Steven D. Boms	Transaction ID: D12954 Date of Disbursement 03 / 31 / 2009
	Mailing Address 1713 26th St. S. Apt. 10	Amount of Each Disbursement this Period 119.70
	City Arlington State VA Zip Code 22206	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	359.10
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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Cablevision	Transaction ID: D12837 Date of Disbursement 03 / 03 / 2009
	Mailing Address PO Box 9202	Amount of Each Disbursement this Period 59.90
	City Uniondale State NY Zip Code 11555-9202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Access Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: D12760 Date of Disbursement 01 / 26 / 2009
	Mailing Address PO Box 3005	Amount of Each Disbursement this Period 72.95
	City Southeastern State PA Zip Code 19398-3005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Access Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: D12843 Date of Disbursement 03 / 03 / 2009
	Mailing Address PO Box 3005	Amount of Each Disbursement this Period 72.95
	City Southeastern State PA Zip Code 19398-3005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Access Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

205.80

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)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)
Comcast

Transaction ID: D12842
Date of Disbursement

Mailing Address PO Box 3005

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

City State Zip Code
Southeastern PA 19398-3005

Amount of Each Disbursement this Period

72.95

Purpose of Disbursement
Internet Access

001
Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
David L. Andrukitis, Inc.

Transaction ID: D12845
Date of Disbursement

Mailing Address Printing & Mailing Services
50 E St., SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	9	

City State Zip Code
Washington DC 20003

Amount of Each Disbursement this Period

389.88

Purpose of Disbursement
Postage (Fundraising)

003
Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
David L. Andrukitis, Inc.

Transaction ID: D12844
Date of Disbursement

Mailing Address Printing & Mailing Services
50 E St., SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	9	

City State Zip Code
Washington DC 20003

Amount of Each Disbursement this Period

631.86

Purpose of Disbursement
Printing (Fundraising)

003
Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1094.69

TOTAL This Period (last page this line number only)

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**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)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial) Eleanor Roosevelt Reg. Democratic Club Mailing Address PO Box 585 City Glen Oaks State NY Zip Code 11004 Purpose of Disbursement Print Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12851 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Extravagant Events Mailing Address 3408 Halifax Ct. City Pasadena State MD Zip Code 21122 Purpose of Disbursement Catering (Fundraising) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12852 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1560.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Delivery Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12768 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 74.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2134.05

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Delivery Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12856 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9 Amount of Each Disbursement this Period 34.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Delivery Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12857 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period 5.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) FUTA Mailing Address United States Treasury PO Box 105887 City Atlanta State GA Zip Code 30348-5887 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12769 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9 Amount of Each Disbursement this Period 270.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	310.54
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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Daniel Getman Mailing Address 55 Soundview Ave. City White Plains State NY Zip Code 10606 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12957 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9 Amount of Each Disbursement this Period 1846.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Daniel Getman Mailing Address 55 Soundview Ave. City White Plains State NY Zip Code 10606 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12956 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period 1846.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Daniel Getman Mailing Address 55 Soundview Ave. City White Plains State NY Zip Code 10606 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12955 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9 Amount of Each Disbursement this Period 1846.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	5538.13
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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Jordan H. Goldes Mailing Address 2100 Illona Ln. City Merrick State NY Zip Code 11566 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12958 Date of Disbursement 01 / 30 / 2009 Amount of Each Disbursement this Period 429.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Jordan H. Goldes Mailing Address 2100 Illona Ln. City Merrick State NY Zip Code 11566 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12959 Date of Disbursement 02 / 26 / 2009 Amount of Each Disbursement this Period 429.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Jordan H. Goldes Mailing Address 2100 Illona Ln. City Merrick State NY Zip Code 11566 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12960 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 429.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1287.45

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Jewish World	Transaction ID: D12775
	Mailing Address 1525 Central Ave.	Date of Disbursement 01 / 26 / 2009
	City Far Rockaway State NY Zip Code 11691	Amount of Each Disbursement this Period 324.00
	Purpose of Disbursement Print Ads Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Daniel Krupnick	Transaction ID: D12965
	Mailing Address 115 Solar St. Apt. 411	Date of Disbursement 01 / 16 / 2009
	City Syracuse State NY Zip Code 13204-1492	Amount of Each Disbursement this Period 632.00
	Purpose of Disbursement Event Expenses Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 007
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) LI Alliance for Peaceful Alternatives	Transaction ID: D12778
	Mailing Address 38 Old Country Rd.	Date of Disbursement 01 / 26 / 2009
	City Garden City State NY Zip Code 11530-1532	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Print Ads Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1206.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Timothy Lydon <hr/> Mailing Address 51 Corona Rd. <hr/> City East Brunswick State NJ Zip Code 08816 <hr/> Purpose of Disbursement Event Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12966 Date of Disbursement 01 / 19 / 2009	Amount of Each Disbursement this Period 316.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Maccabi USA <hr/> Mailing Address 1926 Arch St. Suite 4R <hr/> City Philadelphia State PA Zip Code 19103 <hr/> Purpose of Disbursement Print Ads Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12780 Date of Disbursement 01 / 29 / 2009	Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Maccabi USA <hr/> Mailing Address 1926 Arch St. Suite 4R <hr/> City Philadelphia State PA Zip Code 19103 <hr/> Purpose of Disbursement Print Ads Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12964 Date of Disbursement 03 / 05 / 2009	Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	916.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Mahfar Group	Transaction ID: D12882 Date of Disbursement 03 / 23 / 2009
	Mailing Address PO Box 4053	Amount of Each Disbursement this Period 2400.00
	City Great Neck State NY Zip Code 11023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Mangosoft	Transaction ID: D12781 Date of Disbursement 01 / 26 / 2009
	Mailing Address 29 Riverside St. Suite A	Amount of Each Disbursement this Period 119.90
	City Nashua State NH Zip Code 03062	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Computer Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Mangosoft	Transaction ID: D12883 Date of Disbursement 03 / 03 / 2009
	Mailing Address 29 Riverside St. Suite A	Amount of Each Disbursement this Period 59.95
	City Nashua State NH Zip Code 03062	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Computer Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	2579.85
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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Mangosoft Mailing Address 29 Riverside St. Suite A City Nashua State NH Zip Code 03062 Purpose of Disbursement Computer Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12884 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 59.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Jedd I. Moskowitz Mailing Address 7424 Miller Fall Rd. City Derwood State MD Zip Code 20855 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12961 Date of Disbursement 01 / 30 / 2009 Amount of Each Disbursement this Period 429.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Jedd I. Moskowitz Mailing Address 7424 Miller Fall Rd. City Derwood State MD Zip Code 20855 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12962 Date of Disbursement 02 / 26 / 2009 Amount of Each Disbursement this Period 429.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

919.11

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 33 / 67

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Jedd I. Moskowitz Mailing Address 7424 Miller Fall Rd. City Derwood State MD Zip Code 20855 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12963 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 429.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Multi-Media Advertising Mailing Address 174-10 Horace Harding Expy. City Fresh Meadows State NY Zip Code 11365 Purpose of Disbursement Printing (Gen. Camp. Exp.) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12786 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 2256.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Multi-Media Advertising Mailing Address 174-10 Horace Harding Expy. City Fresh Meadows State NY Zip Code 11365 Purpose of Disbursement Event Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12785 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 893.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3579.59

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) National Women's Party	Transaction ID: D12787 Date of Disbursement 01 / 26 / 2009
	Mailing Address Sewall-Belmont House and Museum 144 Consitution Ave., NE	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering (Fundraising) Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) National Women's Party	Transaction ID: D12890 Date of Disbursement 03 / 23 / 2009
	Mailing Address Sewall-Belmont House and Museum 144 Consitution Ave., NE	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering (Fundraising) Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) NGP Software	Transaction ID: D12788 Date of Disbursement 01 / 26 / 2009
	Mailing Address 1225 I St. Suite 1225	Amount of Each Disbursement this Period 450.00
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Computer Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

3950.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

<p>A. Full Name (Last, First, Middle Initial) NYS Department of Taxation and Finance</p> <p>Mailing Address PO Box 1417 Church Street Station</p> <p>City New York State NY Zip Code 10008-1417</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12970 Date of Disbursement 01 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 683.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) NYS Department of Taxation and Finance</p> <p>Mailing Address PO Box 1417 Church Street Station</p> <p>City New York State NY Zip Code 10008-1417</p> <p>Purpose of Disbursement Unemployment Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12967 Date of Disbursement 01 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 16.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) NYS Department of Taxation and Finance</p> <p>Mailing Address PO Box 1417 Church Street Station</p> <p>City New York State NY Zip Code 10008-1417</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12969 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 83.39</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)	783.28
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)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial)
NYS Department of Taxation and Finance

Mailing Address PO Box 1417
Church Street Station

City New York State NY Zip Code 10008-1417

Purpose of Disbursement
Payroll Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D12968
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
Queens Chronicle

Mailing Address 62-33 Woodhaven Blvd.
PO Box 74-7769

City Rego Park State NY Zip Code 11374-7769

Purpose of Disbursement
Print Ads

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D12794
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. Full Name (Last, First, Middle Initial)
Queens Courier

Mailing Address 38-15 Bell Blvd.

City Bayside State NY Zip Code 11361

Purpose of Disbursement
Print Ads

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D12795
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Queens Gazette Mailing Address 42-16 34th Ave. City Long Island City State NY Zip Code 11101 Purpose of Disbursement Print Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12796 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Queens Ledger Newspaper Group Mailing Address 69-60 Grand Ave. PO Box 780-376 City Maspeth State NY Zip Code 11378 Purpose of Disbursement Print Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12797 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Queens Times Mailing Address 48-08 111th St. City Corona State NY Zip Code 11368 Purpose of Disbursement Print Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12798 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

385.00

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

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

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Queens Tribune Mailing Address 174-15 Horace Harding Expy. City Fresh Meadows State NY Zip Code 11365 Purpose of Disbursement Print Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12799 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Saban Center for Middle East Policy Mailing Address Brookings Institution 1775 Massachusetts Ave., NW City Washington State DC Zip Code 20036 Purpose of Disbursement Candidate Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12947 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 1019.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Silverberg & Associates Mailing Address 110 D St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement Fundraising Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D12905 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6419.06

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)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)
Silverberg & Associates

Mailing Address 110 D St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Consultant

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12906
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

5000.00

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

B.

Full Name (Last, First, Middle Initial)
Stevenson Regular Democratic Club

Mailing Address 68-15 Fresh Meadows Ln.
Box 328

City Fresh Meadows State NY Zip Code 11365

Purpose of Disbursement
Print Ads

Candidate Name

004
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12907
Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Suntrust Merchant Services

Mailing Address 1945 The Exchange, SE

City Atlanta State GA Zip Code 30339-2057

Purpose of Disbursement
Credit-card processing fee

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12802
Date of Disbursement

01 / 13 / 2009

Amount of Each Disbursement this Period

181.21

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

SUBTOTAL of Disbursements This Page (optional) ▶

6181.21

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Suntrust Merchant Services Mailing Address 1945 The Exchange, SE City Atlanta State GA Zip Code 30339-2057 Purpose of Disbursement Credit-card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12822 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 9 Amount of Each Disbursement this Period 66.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Suntrust Merchant Services Mailing Address 1945 The Exchange, SE City Atlanta State GA Zip Code 30339-2057 Purpose of Disbursement Credit-card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12981 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9 Amount of Each Disbursement this Period 65.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Times Ledger Mailing Address 41-02 Bell Blvd. City Bayside State NY Zip Code 11361-1136 Purpose of Disbursement Print Ads Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12804 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period 384.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

515.58

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Times Ledger <hr/> Mailing Address 41-02 Bell Blvd. <hr/> City Bayside State NY Zip Code 11361-1136 <hr/> Purpose of Disbursement Print Ads Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12910 Date of Disbursement 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 384.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Tower Times Publications <hr/> Mailing Address 8 Colonial St. <hr/> City East Northport State NY Zip Code 11731 <hr/> Purpose of Disbursement Print Ads Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12805 Date of Disbursement 01 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 245.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) United States Treasury <hr/> Mailing Address 1500 Pennsylvania Ave., NW <hr/> City Washington State DC Zip Code 20220 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12807 Date of Disbursement 01 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 3737.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4366.60

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: D12823 Date of Disbursement 02 / 02 / 2009
	Mailing Address 1500 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 1219.60
	City Washington State DC Zip Code 20220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: D12824 Date of Disbursement 02 / 09 / 2009
	Mailing Address 1500 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 2037.00
	City Washington State DC Zip Code 20220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: D12911 Date of Disbursement 03 / 05 / 2009
	Mailing Address 1500 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 1219.60
	City Washington State DC Zip Code 20220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4476.20

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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit Card; see items below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12752 Date of Disbursement 01 / 25 / 2009 Amount of Each Disbursement this Period 2549.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Exxon Mobil Corporation Mailing Address 5959 Las Colinas Blvd. City Irving State TX Zip Code 75039-2298 Purpose of Disbursement Gas for Campaign Vehicle Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12766 Date of Disbursement 01 / 25 / 2009 Amount of Each Disbursement this Period 20.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Copy charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12767 Date of Disbursement 01 / 25 / 2009 Amount of Each Disbursement this Period 17.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	2549.61
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)

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<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Lenton Corp.	Transaction ID: D12777 Date of Disbursement 01 / 25 / 2009
	Mailing Address 119 Powerhouse Rd.	Amount of Each Disbursement this Period 30.52
	City Roslyn Heights State NY Zip Code 11577	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Gas for Campaign Vehicle Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) NYS Department of Motor Vehicles	Transaction ID: D12790 Date of Disbursement 01 / 25 / 2009
	Mailing Address Empire State Plaza Swan Street Building	Amount of Each Disbursement this Period 150.00
	City Albany State NY Zip Code 12228	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Campaign Vehicle Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

C.	Full Name (Last, First, Middle Initial) Public Storage	Transaction ID: D12793 Date of Disbursement 01 / 25 / 2009
	Mailing Address 701 Western Ave.	Amount of Each Disbursement this Period 221.00
	City Glendale State CA Zip Code 91201-2349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Office Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 475 L'Enfant Plaza, SW <hr/> City Washington State DC Zip Code 20260 <hr/> Purpose of Disbursement Postage (Gen. Camp. Exp.) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12806 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1344.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 15062 <hr/> City Albany State NY Zip Code 12212-5062 <hr/> Purpose of Disbursement Mobile Phone Service, Equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12813 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 169.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address PO Box 1100 <hr/> City Albany State NY Zip Code 12250-0001 <hr/> Purpose of Disbursement Office Phones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12810 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 183.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: D12811
Date of Disbursement

Mailing Address PO Box 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	9

City Albany State NY Zip Code 12250-0001

Amount of Each Disbursement this Period

35.58

Purpose of Disbursement

001

Category/Type

Office Phones
Candidate Name

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

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: D12809
Date of Disbursement

Mailing Address PO Box 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	9

City Albany State NY Zip Code 12250-0001

Amount of Each Disbursement this Period

39.90

Purpose of Disbursement

001

Category/Type

Office Phones
Candidate Name

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

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: D12812
Date of Disbursement

Mailing Address PO Box 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	9

City Albany State NY Zip Code 12250-0001

Amount of Each Disbursement this Period

59.99

Purpose of Disbursement

001

Category/Type

Internet Access
Candidate Name

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

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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**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)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit Card; see items below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12755 Date of Disbursement 01 / 25 / 2009
	Amount of Each Disbursement this Period 281.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Bill's Friendly Auto Mailing Address 1175 Willis Ave. City Albertson State NY Zip Code 11507-1200 Purpose of Disbursement Gas for Campaign Vehicle Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12758 Date of Disbursement 01 / 25 / 2009
	Amount of Each Disbursement this Period 62.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) NYS Department of Motor Vehicles Mailing Address Empire State Plaza Swan Street Building City Albany State NY Zip Code 12228 Purpose of Disbursement Campaign Vehicle Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12789 Date of Disbursement 01 / 25 / 2009
	Amount of Each Disbursement this Period 127.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	281.03
TOTAL 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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D12829
	Mailing Address PO Box 8110	Date of Disbursement 03 / 03 / 2009
	City Aurora State IL Zip Code 60507-8110	Amount of Each Disbursement this Period 66.12
	Purpose of Disbursement Office Phones Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D12931
	Mailing Address PO Box 2855	Date of Disbursement 03 / 03 / 2009
	City New York State NY Zip Code 10116-2855	Amount of Each Disbursement this Period 3702.88
	Purpose of Disbursement Credit Card; see items below Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: D12941
	Mailing Address 50 Massachusetts Ave., NE	Date of Disbursement 03 / 03 / 2009
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period -642.00
	Purpose of Disbursement Volunteer Travel, ticket refund Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3702.88
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)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)
Delta Air Lines

Mailing Address 1600 Aviation Blvd.

City Atlanta State GA Zip Code 30354-0374

Purpose of Disbursement
Candidate travel, refund
Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: D12942
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

-24.11

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Lenton Corp.

Mailing Address 119 Powerhouse Rd.

City Roslyn Heights State NY Zip Code 11577

Purpose of Disbursement
Gas for Campaign Vehicle
Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: D12877
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

33.31

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Presidential Inaugural Committee

Mailing Address 600 Independence Ave., SW

City Washington State MD Zip Code 20599

Purpose of Disbursement
Event Tickets
Candidate Name

007
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: D12894
Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

649.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial) Public Storage Mailing Address 701 Western Ave. City Glendale State CA Zip Code 91201-2349 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12896 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	Category/Type 001	Amount of Each Disbursement this Period 221.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Smartphone Experts Mailing Address 3151 E. Thomas St. City Inverness State FL Zip Code 34453 Purpose of Disbursement Mobile Phone Accessories Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12945 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	Category/Type 001	Amount of Each Disbursement this Period 165.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Dr. City Arlington State VA Zip Code 22227 Purpose of Disbursement Volunteer Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12912 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	Category/Type 002	Amount of Each Disbursement this Period 301.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Dr. City Arlington State VA Zip Code 22227 Purpose of Disbursement Staff Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12913 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 301.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 002	

B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 15062 City Albany State NY Zip Code 12212-5062 Purpose of Disbursement Mobile Phone Service, Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12925 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 1315.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001	

C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 15062 City Albany State NY Zip Code 12212-5062 Purpose of Disbursement Mobile Phone Service, Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12924 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 418.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 15062 City Albany State NY Zip Code 12212-5062 Purpose of Disbursement Mobile Phone Service, Equipment Candidate Name	Transaction ID: D12926 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 42.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 1100 City Albany State NY Zip Code 12250-0001 Purpose of Disbursement Office Phones Candidate Name	Transaction ID: D12922 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 152.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 1100 City Albany State NY Zip Code 12250-0001 Purpose of Disbursement Office Phones Candidate Name	Transaction ID: D12921 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 39.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: D12920
Date of Disbursement

Mailing Address PO Box 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

City Albany State NY Zip Code 12250-0001

Amount of Each Disbursement this Period

Purpose of Disbursement
Office Phones
Candidate Name

001
Category/ Type

36.24

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

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: D12916
Date of Disbursement

Mailing Address PO Box 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

City Albany State NY Zip Code 12250-0001

Amount of Each Disbursement this Period

Purpose of Disbursement
Internet Access
Candidate Name

001
Category/ Type

59.99

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

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
XM Satellite Radio

Transaction ID: D12928
Date of Disbursement

Mailing Address PO Box 78055

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

City Phoenix State AZ Zip Code 85062-9944

Amount of Each Disbursement this Period

Purpose of Disbursement
Satellite radio subscription
Candidate Name

001
Category/ Type

448.96

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

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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**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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D12935 Date of Disbursement 03 / 26 / 2009
	Mailing Address PO Box 2855	Amount of Each Disbursement this Period 1180.82
	City New York State NY Zip Code 10116-2855	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card; see items below Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Anna Maria's Italian Restaurant	Transaction ID: D12827 Date of Disbursement 03 / 26 / 2009
	Mailing Address 1737 Connecticut Ave., NW	Amount of Each Disbursement this Period 68.80
	City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Volunteer Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Anna Maria's Italian Restaurant	Transaction ID: D12826 Date of Disbursement 03 / 26 / 2009
	Mailing Address 1737 Connecticut Ave., NW	Amount of Each Disbursement this Period 177.10
	City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Fundraising Food & Refreshments Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1180.82

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)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial) Bill's Friendly Auto Mailing Address 1175 Willis Ave. City Albertson State NY Zip Code 11507-1200 Purpose of Disbursement Gas for Campaign Vehicle Candidate Name	Transaction ID: D12834 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 82.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Choice Hotels International Mailing Address 10750 Columbia Pike City Silver Spring State MD Zip Code 20901 Purpose of Disbursement Volunteer Hotel Candidate Name	Transaction ID: D12841 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 168.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Choice Hotels International Mailing Address 10750 Columbia Pike City Silver Spring State MD Zip Code 20901 Purpose of Disbursement Candidate Hotel Candidate Name	Transaction ID: D12840 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 168.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) E-Z Pass	Transaction ID: D12854 Date of Disbursement 03 / 26 / 2009
	Mailing Address 1 Edgewater Plz.	Amount of Each Disbursement this Period 120.00
	City Staten Island State NY Zip Code 10305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Candidate Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 002

B.	Full Name (Last, First, Middle Initial) Hunan Dynasty	Transaction ID: D12866 Date of Disbursement 03 / 26 / 2009
	Mailing Address 215 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 47.45
	City Washington State DC Zip Code 20003-0115	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Volunteer Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

C.	Full Name (Last, First, Middle Initial) La Parma	Transaction ID: D12876 Date of Disbursement 03 / 26 / 2009
	Mailing Address 707 Willis Ave.	Amount of Each Disbursement this Period 290.56
	City Williston Park State NY Zip Code 11596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Fundraising Food & Refreshments Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit Card; see items below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12936 Date of Disbursement 03 / 01 / 2009
	Amount of Each Disbursement this Period 1026.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Bill's Friendly Auto Mailing Address 1175 Willis Ave. City Albertson State NY Zip Code 11507-1200 Purpose of Disbursement Gas for Campaign Vehicle Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12835 Date of Disbursement 03 / 01 / 2009
	Amount of Each Disbursement this Period 81.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Exxon Mobil Corporation Mailing Address 5959 Las Colinas Blvd. City Irving State TX Zip Code 75039-2298 Purpose of Disbursement Gas for Campaign Vehicle Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12853 Date of Disbursement 03 / 01 / 2009
	Amount of Each Disbursement this Period 83.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1026.09
TOTAL 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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) E-Z Pass	Transaction ID: D12855 Date of Disbursement 03 / 01 / 2009
	Mailing Address 1 Edgewater Plz.	Amount of Each Disbursement this Period 60.00
	City Staten Island State NY Zip Code 10305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Candidate Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) Oceanaire Seafood Room	Transaction ID: D12893 Date of Disbursement 03 / 01 / 2009
	Mailing Address 1201 F St., NW	Amount of Each Disbursement this Period 299.70
	City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Volunteer Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Trattoria Alberto	Transaction ID: D12946 Date of Disbursement 03 / 01 / 2009
	Mailing Address 506 8th St., SE	Amount of Each Disbursement this Period 270.40
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Fundraising Food & Refreshments Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 67

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit Card; see items below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12938 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 1568.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12938 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 110.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 8110 City Aurora State IL Zip Code 60507-8110 Purpose of Disbursement Office Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12828 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 66.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1568.56

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)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)
Choice Hotels International

Mailing Address 10750 Columbia Pike

City Silver Spring State MD Zip Code 20901

Purpose of Disbursement Staff Hotel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D12839
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hunan Dynasty

Mailing Address 215 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003-0115

Purpose of Disbursement Catering (Fundraising)

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D12865
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Lenton Corp.

Mailing Address 119 Powerhouse Rd.

City Roslyn Heights State NY Zip Code 11577

Purpose of Disbursement Gas for Campaign Vehicle

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D12878
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Public Storage	Transaction ID: D12895 Date of Disbursement 03 / 26 / 2009
	Mailing Address 701 Western Ave.	Amount of Each Disbursement this Period 221.00
	City Glendale State CA Zip Code 91201-2349	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Office Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Smartphone Experts	Transaction ID: D12944 Date of Disbursement 03 / 26 / 2009
	Mailing Address 3151 E. Thomas St.	Amount of Each Disbursement this Period 87.85
	City Inverness State FL Zip Code 34453	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Mobile Phone Accessories Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: D12914 Date of Disbursement 03 / 26 / 2009
	Mailing Address 2345 Crystal Dr.	Amount of Each Disbursement this Period 5.00
	City Arlington State VA Zip Code 22227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Staff Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 2345 Crystal Dr. <hr/> City Arlington State VA Zip Code 22227 <hr/> Purpose of Disbursement Volunteer Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12915 Date of Disbursement 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 15062 <hr/> City Albany State NY Zip Code 12212-5062 <hr/> Purpose of Disbursement Mobile Phone Service, Equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12927 Date of Disbursement 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 44.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address PO Box 1100 <hr/> City Albany State NY Zip Code 12250-0001 <hr/> Purpose of Disbursement Internet Access Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12923 Date of Disbursement 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 59.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: D12919
Date of Disbursement

Mailing Address PO Box 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

City Albany State NY Zip Code 12250-0001

Amount of Each Disbursement this Period

36.97

Purpose of Disbursement

001

Category/
Type

Office Phones

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

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: D12918
Date of Disbursement

Mailing Address PO Box 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

City Albany State NY Zip Code 12250-0001

Amount of Each Disbursement this Period

150.06

Purpose of Disbursement

001

Category/
Type

Office Phones

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

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: D12917
Date of Disbursement

Mailing Address PO Box 1100

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

City Albany State NY Zip Code 12250-0001

Amount of Each Disbursement this Period

37.43

Purpose of Disbursement

001

Category/
Type

Office Phones

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

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

63221.99

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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A.	Full Name (Last, First, Middle Initial) Arcuri for Congress Mailing Address 2617 Crestway City Utica State NY Zip Code 13501 Purpose of Disbursement Contribution NY-24 US House Candidate Name Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12929 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee Mailing Address 430 S. Capitol St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement Transfer, Excess Campaign Funds Candidate Name Democratic Congressional Campaign Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12930 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Democratic Organization of Queens County Mailing Address 72-50 Austin St. City Forest Hills State NY Zip Code 11375 Purpose of Disbursement Contributions Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12949 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	26600.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

<p>A. Full Name (Last, First, Middle Initial) Democratic Organization of Queens County</p> <p>Mailing Address 72-50 Austin St.</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Contributions Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12948 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 240.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Eleanor Roosevelt Reg. Democratic Club</p> <p>Mailing Address PO Box 585</p> <p>City Glen Oaks State NY Zip Code 11004</p> <p>Purpose of Disbursement Contributions Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12850 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Hodes for Senate</p> <p>Mailing Address 26 S. Main St. Suite 253</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement Contribution NH US Senate Candidate Name Paul W. Hodes</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D12974 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</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) ▶

1740.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A. Full Name (Last, First, Middle Initial)
Nassau County Democratic Committee

Mailing Address 1 Old Country Rd.
Suite 430

City Carle Place State NY Zip Code 11514

Purpose of Disbursement
Contributions

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12887

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

1700.00

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

B. Full Name (Last, First, Middle Initial)
National Action Committee

Mailing Address NACPAC
3389 Sheridan St.

City Hollywood State FL Zip Code 33021

Purpose of Disbursement
Contributions

Candidate Name
National Action Committee

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D12978

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

500.00

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

C. Full Name (Last, First, Middle Initial)
Scott Murphy for Congress

Mailing Address 615 Glen St.

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement
Contribution NY-20 US House

Candidate Name
Scott Murphy

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
Special

State: NY District: 20

Transaction ID: D12972

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

3200.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Committee to Elect Gary L. Ackerman, Inc.

A.

Full Name (Last, First, Middle Initial)
Scott Murphy for Congress

Mailing Address 615 Glen St.

City State Zip Code
Glens Falls NY 12801

Purpose of Disbursement
Contribution NY-20 US House

Candidate Name
Scott Murphy

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼
Special

011
Category/
Type

Transaction ID: D12973

Date of Disbursement

03 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

32540.00