

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation LABORERS BUILDING A BETTER NEW YORK			3. FEC Identification Number C C90022989
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 131 W 33RD STREET FLOOR 7			
(c) City, State and ZIP Code NEW YORK NY 10001			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M M /	D D /	Y Y Y Y Y
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5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y Y
06		09		2026

THROUGH

M M	/	D D	/	Y Y Y Y Y
06		10		2026

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES

48855.94

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Norman, Michael, G, ,

Norman, Michael, G, ,

06/10/2026

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

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
LABORERS BUILDING A BETTER NEW YORK

Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 10 / 2026	
Mailing Address 162 West St Suite F		Amount 20643.80	
City Cromwell	State CT	Zip Code 06416	
Purpose of Expenditure Campaign Mailer		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Reynoso, Antonio, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 10 / 2026	
Mailing Address 162 West St Suite F		Amount 27837.14	
City Cromwell	State CT	Zip Code 06416	
Purpose of Expenditure Campaign Mailer		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Reynoso, Antonio, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.000002

Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2026	
Mailing Address 162 West St Suite F		Amount 375.00	
City Cromwell	State CT	Zip Code 06416	
Purpose of Expenditure Campaign Banner		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Reynoso, Antonio, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.000003

(a) SUBTOTAL of Itemized Independent Expenditures.....	48855.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	48855.94