

ELECTION YEAR 2007T	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /	PAGE 1 OF 2
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IDENTIFICATION

ELECTED CANDIDATE NAME (LAST) (FIRST)

AUTHORIZED TIE NAME

TREASURER NAME (LAST) (FIRST)

REPORT INVENTORY

		NUMBER OF HANDWRITTEN/ TYPEWRITTEN PAGES	SCHEDULE TOTAL	CFB USE
MONETARY DONATIONS	(SCH. ABC)			
IN-KIND DONATIONS/EXPENDITURES	(SCH. D)			
OTHER RECEIPTS	(SCH. E)			
EXPENDITURE PAYMENTS	(SCH. F)			
LOANS RECEIVED	(SCH. I)			
LOANS REPAYED	(SCH. J)			
LIABILITIES/LOANS FORGIVEN	(SCH. K)			
EXPENDITURE REFUNDS	(SCH. L)			
RECEIPT ADJUSTMENTS	(SCH. M)			
OUTSTANDING LIABILITIES	(SCH. N)			
PARTNERS/LLC MEMBERS	(SCH. O)			
SUBCONTRACTS	(SCH. O-1)			
INTERMEDIARY INFORMATION	(SCH. V)			
AFFILIATED DONATIONS	(SCH. W)			
SUMMARY-RECEIPTS/DISBURSEMENTS				

REPORT DEADLINES

REPORT NUMBER (DUE DATE)

- May 7, 2007
- July 6, 2007

TERMINATION REPORT

DATE LAST LIABILITY PAID _____

ALL SCHEDULES MUST BE TYPEWRITTEN OR PRINTED LEGIBLY IN BLACK INK



ELECTION YEAR 2007T	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /	PAGE 2 OF 2
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IDENTIFICATION

ELECTED CANDIDATE NAME (LAST) (FIRST)

AUTHORIZED TIE NAME

TREASURER NAME (LAST) (FIRST)

VERIFICATION

SIGN IN BLACK INK.

Itemized Report

I hereby verify that this disclosure report is true and complete to the best of my knowledge, information, and belief. *Sign below and submit this two page Cover Sheet, the two page Summary of Receipts/Disbursements, and all corresponding schedules.*

I understand that intentionally or knowingly making a false statement or intentionally or knowingly violating any provision of the transition and inaugural donations sections of the New York City Administrative Code is a Class A misdemeanor pursuant to Section 3-802 of the Administrative Code.

I understand that knowingly making a false written statement is a Class A misdemeanor pursuant to New York State Penal Law Section 210.45.

I understand that knowingly offering false written information with the belief that it will become part of the records of a public office and with the intent to defraud is a Class E felony pursuant to New York State Penal Law Section 175.35.

ELECTED CANDIDATE'S, TREASURER'S, OR OTHER DESIGNATED OFFICER'S SIGNATURE

DATE SIGNED

ALL SCHEDULES MUST BE TYPEWRITTEN OR PRINTED LEGIBLY IN BLACK INK



ELECTION YEAR	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES		PAGE		
2007T			FROM / / TO / /	OF			
DATE RECEIVED	DONOR — FULL NAME		EMPLOYER — COMPANY NAME		CHOOSE ONE	AMOUNT	PREVIOUS AMOUNT DONATED TO TIE
MM DD YR	RESIDENTIAL ADDRESS		ADDRESS and OCCUPATION			I NUMBER	
1	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#
2	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#
3	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#
4	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#
5	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#
6	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#
7	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#
8	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#
9	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#
10	LAST	FIRST MI	NAME		<input type="checkbox"/> CASH	AMOUNT	
	STREET		STREET		<input type="checkbox"/> CREDIT CARD	\$	\$
	APT				<input type="checkbox"/> OTHER	I NUMBER	
N CODE	BORO	CITY - STATE	ZIP CODE	CITY - STATE	DONOR'S OCCUPATION	<input type="checkbox"/> CK <input type="checkbox"/> M.O.	#

N CODES

CAN ELECTED CANDIDATE/ELECTED CANDIDATE SPOUSE
 IND INDIVIDUAL
 FAM FAMILY
 PART PARTNERSHIP: partnerships which donate over \$2,500 total must further disclose on Schedule O
 LLC LIMITED LIABILITY COMPANY
 CORP CORPORATION
 PCOMC CANDIDATE COMMITTEES
 PCOMP POLITICAL ACTION COMMITTEE
 PCOMZ POLITICAL PARTY COMMITTEE
 EMPO EMPLOYEE ORGANIZATIONS i.e., UNION/GUILD
 OTHR OTHER

BOROUGH CODES

M MANHATTAN
 X BRONX
 K BROOKLYN (KINGS COUNTY)
 Q QUEENS
 S STATEN ISLAND
 Z NOT IN CITY

TOTAL THIS PAGE \$

DO NOT TOTAL PREVIOUS AMOUNT BOXES

SCHEDULE TOTAL	TOTAL ITEMIZED DONATIONS	1
		\$
LAST PAGE ONLY	TOTAL UNITEMIZED DONATIONS	2
		\$
	TOTAL DONATIONS	3
		\$



ELECTION YEAR 2007T	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /		PAGE ____ of ____
DATE RECEIVED MM DD YR	DONOR – FULL NAME		EMPLOYER – COMPANY NAME		PURPOSE CODE
N CODE	RESIDENTIAL ADDRESS		ADDRESS AND DONOR'S OCCUPATION		DOLLAR VALUE
	DONATION TYPE		EXPLAIN – DONATION TYPE		I NUMBER
1	LAST	FIRST	MI	NAME	
	STREET		APT	STREET	
N CODE	BORO	CITY-STATE	ZIP CODE	CITY-STATE	DONOR'S OCCUPATION
DONATION TYPE	1. <input type="checkbox"/> SERVICES/FACILITIES PROVIDED 2. <input type="checkbox"/> PROPERTY GIVEN 3. <input type="checkbox"/> CAMPAIGN EXPENSES PAID			EXPLAIN	I NUMBER
					\$
2	LAST	FIRST	MI	NAME	
	STREET		APT	STREET	
N CODE	BORO	CITY-STATE	ZIP CODE	CITY-STATE	DONOR'S OCCUPATION
DONATION TYPE	1. <input type="checkbox"/> SERVICES/FACILITIES PROVIDED 2. <input type="checkbox"/> PROPERTY GIVEN 3. <input type="checkbox"/> CAMPAIGN EXPENSES PAID			EXPLAIN	I NUMBER
					\$
3	LAST	FIRST	MI	NAME	
	STREET		APT	STREET	
N CODE	BORO	CITY-STATE	ZIP CODE	CITY-STATE	DONOR'S OCCUPATION
DONATION TYPE	1. <input type="checkbox"/> SERVICES/FACILITIES PROVIDED 2. <input type="checkbox"/> PROPERTY GIVEN 3. <input type="checkbox"/> CAMPAIGN EXPENSES PAID			EXPLAIN	I NUMBER
					\$
4	LAST	FIRST	MI	NAME	
	STREET		APT	STREET	
N CODE	BORO	CITY-STATE	ZIP CODE	CITY-STATE	DONOR'S OCCUPATION
DONATION TYPE	1. <input type="checkbox"/> SERVICES/FACILITIES PROVIDED 2. <input type="checkbox"/> PROPERTY GIVEN 3. <input type="checkbox"/> CAMPAIGN EXPENSES PAID			EXPLAIN	I NUMBER
					\$
5	LAST	FIRST	MI	NAME	
	STREET		APT	STREET	
N CODE	BORO	CITY-STATE	ZIP CODE	CITY-STATE	DONOR'S OCCUPATION
DONATION TYPE	1. <input type="checkbox"/> SERVICES/FACILITIES PROVIDED 2. <input type="checkbox"/> PROPERTY GIVEN 3. <input type="checkbox"/> CAMPAIGN EXPENSES PAID			EXPLAIN	I NUMBER
					\$

TOTAL THIS PAGE	\$
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EXPENDITURE PURPOSE CODES

- CATER Catering
- CMail Mailings
- CONSL Consultant
- ENTER Entertainment
- FUNDR Fundraising
- FURN Furniture
- IOFFCE Office Expenses
- OTHER Other: Must Provide Explanation
- POSTA Postage
- PROFL Professional Services
- RENTO Office Rent
- WAGES Workers' Salaries

N CODES

- CAN ELECTED CANDIDATE /ELECTED CANDIDATE SPOUSE
- IND INDIVIDUAL
- FAM FAMILY
- PART PARTNERSHIP: partnerships which donate over \$2,500 total must further disclose on Schedule O
- LLC LIMITED LIABILITY COMPANY
- CORP CORPORATION
- PCOMC CANDIDATE COMMITTEES
- PCOMP POLITICAL ACTION COMMITTEE
- PCOMZ POLITICAL PARTY COMMITTEE
- EMPO EMPLOYER ORGANIZATIONS i.e., UNION/GUILD
- OTHR OTHER

BOROUGH CODES

- M MANHATTAN
- X BRONX
- K BROOKLYN (KINGS COUNTY)
- Q QUEENS
- S STATEN ISLAND
- Z NOT IN CITY

TOTAL ITEMIZED DONATIONS	1	\$
TOTAL UNITEMIZED DONATIONS	2	\$
SCHEDULE TOTAL LAST PAGE ONLY	3	\$



ELECTION YEAR		REPORT MONTH/YEAR		CAND/TIE ID		REPORT PERIOD DATES		PAGE	
2007T						FROM / / TO / /		____ of ____	
DATE RECEIVED		PAYER – FULL NAME AND ADDRESS				RECEIPT TYPE		RECEIPT AMOUNT	
MM	DD	YR							
1			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$
2			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$
3			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$
4			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$
5			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$
6			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$
7			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$
8			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$
9			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$
10			LAST	FIRST	MI	1 <input type="checkbox"/> INTEREST/DIVIDEND			
			STREET		APT	2 <input type="checkbox"/> PROCEEDS SALE/LEASE			
ORG			BORO	CITY-STATE		ZIP	3 <input type="checkbox"/> OTHER: _____		\$

TOTAL THIS PAGE	\$
SCHEDULE TOTAL LAST PAGE ONLY	\$

BOROUGH CODES

- M MANHATTAN
- X BRONX
- K BROOKLYN (KINGS COUNTY)
- Q QUEENS
- S STATEN ISLAND
- Z NOT IN CITY



ELECTION YEAR 2007T		REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /		PAGE ___ of ___	
DATE PAID MM DD YR	INVOICE DATE MM DD YR	PAYEE - Full Name STREET ADDRESS CITY / STATE / ZIP CODE		PURPOSE CODE	EXPLAIN	PAYMENT	AMOUNT PAID
CHECK NO.	MM DD YR	LAST	FIRST	MI		1 <input type="checkbox"/> Full 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> Final 4 <input type="checkbox"/> Advance	\$
1							
		STREET		APT			
CHECK NO.	ORG	CITY - STATE		ZIP			
2							
		STREET		APT			
CHECK NO.	ORG	CITY - STATE		ZIP			
3							
		STREET		APT			
CHECK NO.	ORG	CITY - STATE		ZIP			
4							
		STREET		APT			
CHECK NO.	ORG	CITY - STATE		ZIP			
5							
		STREET		APT			
CHECK NO.	ORG	CITY - STATE		ZIP			
6							
		STREET		APT			
CHECK NO.	ORG	CITY - STATE		ZIP			
7							
		STREET		APT			
CHECK NO.	ORG	CITY - STATE		ZIP			
8							
		STREET		APT			
CHECK NO.	ORG	CITY - STATE		ZIP			
9							
		STREET		APT			
CHECK NO.	ORG	CITY - STATE		ZIP			

TOTAL THIS PAGE	\$
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- EXPENDITURE PURPOSE CODES**
- CATER Catering
 - EMAIL Mailings
 - CONSL Consultant
 - ENTER Entertainment
 - FUNDR Fundraising
 - FURN Furniture
 - IOFFCE Office Expenses
 - OTHER Other: Must Provide Explanation
 - POSTA Postage
 - PROFL Professional Services
 - RENTO Office Rent
 - WAGES Workers' Salaries

SCHEDULE TOTAL LAST PAGE ONLY	TOTAL ITEMIZED PAYMENTS	1	\$
	TOTAL UNITEMIZED PAYMENTS	2	\$
	TOTAL PAYMENTS	3	\$

BANK ACCOUNT NUMBER



ELECTION YEAR	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES		PAGE
2007T			FROM / /	TO / /	___ of ___
LOAN DATE MM DD YR	LENDER – FULL NAME AND ADDRESS		EMPLOYER – NAME AND ADDRESS		LOAN AMOUNT
1	LAST	FIRST MI	NAME		<input type="checkbox"/> CHECK IF BANK LOAN
	STREET ADDRESS APT		STREET ADDRESS		
ORG	CITY-STATE	ZIP	CITY-STATE	OCCUPATION	
					\$
2	LAST	FIRST MI	NAME		<input type="checkbox"/> CHECK IF BANK LOAN
	STREET ADDRESS APT		STREET ADDRESS		
ORG	CITY-STATE	ZIP	CITY-STATE	OCCUPATION	
					\$
3	LAST	FIRST MI	NAME		<input type="checkbox"/> CHECK IF BANK LOAN
	STREET ADDRESS APT		STREET ADDRESS		
ORG	CITY-STATE	ZIP	CITY-STATE	OCCUPATION	
					\$
4	LAST	FIRST MI	NAME		<input type="checkbox"/> CHECK IF BANK LOAN
	STREET ADDRESS APT		STREET ADDRESS		
ORG	CITY-STATE	ZIP	CITY-STATE	OCCUPATION	
					\$
TOTAL THIS PAGE					\$

If a loan is not repaid by the date of the elected candidate's inauguration into office, it is deemed a donation, subject to the limits and restrictions of the New York City Administrative Code.

SCHEDULE TOTAL LAST PAGE ONLY	1	\$
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BANK ACCOUNT NUMBER

TIE LOAN REPAYMENTS Schedule J

LOAN DATE MM DD YR	LENDER — FULL NAME & ADDRESS	THIRD PARTY PAYOR (if applicable)	CHECK NO. DATE PAID MM DD YY	PAYMENT AMOUNT		
1	LAST	FIRST MI	LAST	FIRST MI	CHECK NO.	
	STREET ADDRESS APT					
ORG	CITY-STATE	ZIP				\$
2	LAST	FIRST MI	LAST	FIRST MI	CHECK NO.	
	STREET ADDRESS APT					
ORG	CITY-STATE	ZIP				\$
3	LAST	FIRST MI	LAST	FIRST MI	CHECK NO.	
	STREET ADDRESS APT					
ORG	CITY-STATE	ZIP				\$
4	LAST	FIRST MI	LAST	FIRST MI	CHECK NO.	
	STREET ADDRESS APT					
ORG	CITY-STATE	ZIP				\$
TOTAL THIS PAGE					\$	

SCHEDULE TOTAL LAST PAGE ONLY	2	\$
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ELECTION YEAR		REPORT MONTH/YEAR		CAND/TIE ID		REPORT PERIOD DATES				PAGE		
2007T						FROM / / TO / /				___ OF ___		
ORIGINAL DATE OF LIABILITY			VENDOR/LENDER – FULL NAME				STREET ADDRESS		DATE FORGIVEN		DATE FORGIVEN	
MM	DD	YY					CITY / STATE / ZIP CODE		LIABILITY AMOUNT FORGIVEN		LOAN AMOUNT FORGIVEN	
1			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	
2			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	
3			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	
4			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	
5			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	
6			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	
7			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	
8			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	
9			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	
10			LAST	FIRST		MI	STREET	APT.				
							CITY/STATE	ZIP				
			N CODE						\$		\$	

THESE TRANSACTIONS MUST ALSO BE REPORTED ON THE APPROPRIATE DONATION SCHEDULE, LIABILITIES FORGIVEN ON SCHEDULE D, AND LOANS FORGIVEN ON SCHEDULE ABC.

FOR N CODES SEE SCHEDULE ABC

TOTAL THIS PAGE	\$	\$
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SCHEDULE TOTAL LAST PAGE ONLY	1	2
	\$	\$



ELECTION YEAR 2007T	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /	PAGE OF
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DATE RECEIVED MM DD YY	REFUND MADE BY – FULL NAME LAST FIRST MI	STREET ADDRESS		ORIGINAL PAYMENT DATE
		CITY / STATE	ZIP	AMOUNT REFUNDED
1		STREET	APT.	
ORG		CITY / STATE	ZIP	\$
2		STREET	APT.	
ORG		CITY / STATE	ZIP	\$
3		STREET	APT.	
ORG		CITY / STATE	ZIP	\$
4		STREET	APT.	
ORG		CITY / STATE	ZIP	\$
5		STREET	APT.	
ORG		CITY / STATE	ZIP	\$
6		STREET	APT.	
ORG		CITY / STATE	ZIP	\$
7		STREET	APT.	
ORG		CITY / STATE	ZIP	\$
8		STREET	APT.	
ORG		CITY / STATE	ZIP	\$
9		STREET	APT.	
ORG		CITY / STATE	ZIP	\$
10		STREET	APT.	
ORG		CITY / STATE	ZIP	\$

TOTAL THIS PAGE	\$
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SCHEDULE TOTAL LAST PAGE ONLY	1 \$
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TIE DONATIONS REFUNDED AND OTHER RECEIPT ADJUSTMENTS Schedule M

ELECTION YEAR 2007T			REPORT MONTH/YEAR			CAND/TIE ID			REPORT PERIOD DATES FROM / / TO / /			PAGE OF
REFUND DATE MM DD YR			ORIGINAL DATE RECEIVED MM DD YR			DONOR – FULL NAME			ADJUSTMENT TYPE		AMOUNT REFUNDED	
						RESIDENTIAL ADDRESS					CHECK NO.	
1						LAST	FIRST	MI	1	<input type="checkbox"/> RETURNED CHECK	\$	
						STREET		APT	2	<input type="checkbox"/> REFUND		CHECK NO.
						BORO	CITY-STATE	ZIP CODE				
2						LAST	FIRST	MI	1	<input type="checkbox"/> RETURNED CHECK	\$	
						STREET		APT	2	<input type="checkbox"/> REFUND		CHECK NO.
						BORO	CITY-STATE	ZIP CODE				
3						LAST	FIRST	MI	1	<input type="checkbox"/> RETURNED CHECK	\$	
						STREET		APT	2	<input type="checkbox"/> REFUND		CHECK NO.
						BORO	CITY-STATE	ZIP CODE				
4						LAST	FIRST	MI	1	<input type="checkbox"/> RETURNED CHECK	\$	
						STREET		APT	2	<input type="checkbox"/> REFUND		CHECK NO.
						BORO	CITY-STATE	ZIP CODE				
5						LAST	FIRST	MI	1	<input type="checkbox"/> RETURNED CHECK	\$	
						STREET		APT	2	<input type="checkbox"/> REFUND		CHECK NO.
						BORO	CITY-STATE	ZIP CODE				
6						LAST	FIRST	MI	1	<input type="checkbox"/> RETURNED CHECK	\$	
						STREET		APT	2	<input type="checkbox"/> REFUND		CHECK NO.
						BORO	CITY-STATE	ZIP CODE				
7						LAST	FIRST	MI	1	<input type="checkbox"/> RETURNED CHECK	\$	
						STREET		APT	2	<input type="checkbox"/> REFUND		CHECK NO.
						BORO	CITY-STATE	ZIP CODE				
8						LAST	FIRST	MI	1	<input type="checkbox"/> RETURNED CHECK	\$	
						STREET		APT	2	<input type="checkbox"/> REFUND		CHECK NO.
						BORO	CITY-STATE	ZIP CODE				
9						LAST	FIRST	MI	1	<input type="checkbox"/> RETURNED CHECK	\$	
						STREET		APT	2	<input type="checkbox"/> REFUND		CHECK NO.
						BORO	CITY-STATE	ZIP CODE				

N CODES

- CAN ELECTED CANDIDATE /ELECTED CANDIDATE SPOUSE
- IND INDIVIDUAL
- FAM FAMILY
- PART PARTNERSHIP: partnerships which donate over \$2,500 total must further disclose on Schedule O
- LLC LIMITED LIABILITY COMPANY
- CORP CORPORATION
- PCOMC CANDIDATE COMMITTEES
- PCOMP POLITICAL ACTION COMMITTEE
- PCOMZ POLITICAL PARTY COMMITTEE
- EMPO EMPLOYER ORGANIZATIONS i.e., UNION/GUILD
- OTHR OTHER

BOROUGH CODES

- M MANHATTAN
- X BRONX
- K BROOKLYN (KINGS COUNTY)
- Q QUEENS
- S STATEN ISLAND
- Z NOT IN CITY

TOTAL THIS PAGE	\$
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SCHEDULE TOTAL LAST PAGE ONLY	1	\$
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BANK ACCOUNT NUMBER



ELECTION YEAR		REPORT MONTH/YEAR		CAND/TIE ID		REPORT PERIOD DATES				PAGE		
2007T						FROM / / TO / /				_ OF _		
DATE LIABILITY INCURRED MM DD YR		VENDOR - FULL NAME STREET ADDRESS CITY / STATE / ZIP CODE				TOTAL AMT. OF ORIGINAL LIABILITY	INCURRED CURRENT PERIOD?		PURPOSE CODE	EXPLAIN	AMOUNT OUTSTANDING	
1		LAST FIRST MI				\$	<input type="checkbox"/> CURRENT		-----			
		STREET APT.					<input type="checkbox"/> PRIOR					
N CODE		CITY / STATE ZIP					<input type="checkbox"/> ADVANCE					
2		LAST FIRST MI				\$	<input type="checkbox"/> CURRENT		-----			
		STREET APT.					<input type="checkbox"/> PRIOR					
N CODE		CITY / STATE ZIP					<input type="checkbox"/> ADVANCE					
3		LAST FIRST MI				\$	<input type="checkbox"/> CURRENT		-----			
		STREET APT.					<input type="checkbox"/> PRIOR					
N CODE		CITY / STATE ZIP					<input type="checkbox"/> ADVANCE					
4		LAST FIRST MI				\$	<input type="checkbox"/> CURRENT		-----			
		STREET APT.					<input type="checkbox"/> PRIOR					
N CODE		CITY / STATE ZIP					<input type="checkbox"/> ADVANCE					
5		LAST FIRST MI				\$	<input type="checkbox"/> CURRENT		-----			
		STREET APT.					<input type="checkbox"/> PRIOR					
N CODE		CITY / STATE ZIP					<input type="checkbox"/> ADVANCE					
6		LAST FIRST MI				\$	<input type="checkbox"/> CURRENT		-----			
		STREET APT.					<input type="checkbox"/> PRIOR					
N CODE		CITY / STATE ZIP					<input type="checkbox"/> ADVANCE					
7		LAST FIRST MI				\$	<input type="checkbox"/> CURRENT		-----			
		STREET APT.					<input type="checkbox"/> PRIOR					
N CODE		CITY / STATE ZIP					<input type="checkbox"/> ADVANCE					
8		LAST FIRST MI				\$	<input type="checkbox"/> CURRENT		-----			
		STREET APT.					<input type="checkbox"/> PRIOR					
N CODE		CITY / STATE ZIP					<input type="checkbox"/> ADVANCE					
1		LAST FIRST MI				\$	<input type="checkbox"/> CURRENT		-----			
		STREET APT.					<input type="checkbox"/> PRIOR					
N CODE		CITY / STATE ZIP					<input type="checkbox"/> ADVANCE					

EXPENDITURE PURPOSE CODES

- CATER Catering
- CMail Mailings
- CONSL Consultant
- ENTER Entertainment
- FUNDR Fundraising
- FURN Furniture
- IOFFCE Office Expenses
- OTHER Other: Must Provide Explanation
- POSTA Postage
- PROFL Professional Services
- RENTO Office Rent
- WAGES Workers' Salaries

TOTAL THIS PAGE	\$
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SCHEDULE TOTAL LAST PAGE ONLY	\$
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PLEASE NOTE: ALL OUTSTANDING ADVANCES ARE IN-KIND DONATIONS SUBJECT TO THE DONATION LIMIT. FOR N CODES, SEE SCHEDULE ABC.



ELECTION YEAR 2007T	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /	PAGE __ OF __
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REPORT/SCH/PG/SEQ	PARTNERSHIP/LLC	PARTNER/LLC MEMBER NAME	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT
	STREET ADDRESS / CITY / STATE / ZIP CODE	RESIDENTIAL ADDRESS		
DONATION AMOUNT \$	NAME	LAST FIRST MI		
DATE RECEIVED	STREET APT.	STREET APT.		
N CODE	CITY / STATE ZIP	CITY / STATE ZIP	\$	\$

PREVIOUS UNATTRIBUTED PARTNERSHIP/LLC DONATIONS

TIE ID/REPORT/SCH/PG/SEQ	TIE ID/REPORT/SCH/PG/SEQ	TIE ID/REPORT/SCH/PG/SEQ
DONATION AMOUNT	DONATION AMOUNT	DONATION AMOUNT
\$	\$	\$

INSTRUCTIONS

All partnership and LLC donations must be listed on either Schedule ABC or Schedule D, as appropriate. Partnership and LLC donations must be attributed on this schedule only when the partnership's or LLC's aggregate donations are at least \$2,500 and any individual's share of these donations exceeds \$99.

When a partnership's or LLC's donations exceed \$2,500, list the most recent donation in the top box marked PARTNERSHIP/LLC, and list in the previous unattributed boxes all previous partnership or LLC donations from the same partnership or LLC that were not previously attributed on this schedule. Once listed on this schedule, donations must not be listed on this schedule again.

If subsequent donations from the partnership or LLC are received, list and attribute only those subsequent donations.

Group together all partnership and LLC information and file this schedule just for the TIE. Include information for all TIE's.

LAST FIRST MI		
STREET APT.		
CITY / STATE ZIP	\$	\$
LAST FIRST MI		
STREET APT.		
CITY / STATE ZIP	\$	\$
LAST FIRST MI		
STREET APT.		
CITY / STATE ZIP	\$	\$
LAST FIRST MI		
STREET APT.		
CITY / STATE ZIP	\$	\$
LAST FIRST MI		
STREET APT.		
CITY / STATE ZIP	\$	\$
LAST FIRST MI		
STREET APT.		
CITY / STATE ZIP	\$	\$

TOTAL AMOUNT ATTRIBUTED	1	
TOTAL AMOUNT UNATTRIBUTED	2	\$
TOTAL DONATION	1+2	\$

N CODES

PART PARTNERSHIP: partnerships which donate over \$2,500 total must further disclose on Schedule O

LLC LIMITED LIABILITY COMPANY



ELECTION YEAR 2007T	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /	PAGE OF
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PAYEE STREET ADDRESS / CITY / STATE / ZIP CODE		PROVIDER – Finished Goods/Services STREET ADDRESS / CITY / STATE / ZIP CODE			AMOUNT ATTRIBUTED
NAME		LAST	FIRST	MI	PURPOSE CODE
STREET	APT.	STREET		APT.	\$
CITY / STATE	ZIP	CITY / STATE		ZIP	_____

LAST	FIRST	MI	\$
STREET		APT.	
CITY / STATE		ZIP	_____

LAST	FIRST	MI	\$
STREET		APT.	
CITY / STATE		ZIP	_____

LAST	FIRST	MI	\$
STREET		APT.	
CITY / STATE		ZIP	_____

LAST	FIRST	MI	\$
STREET		APT.	
CITY / STATE		ZIP	_____

LAST	FIRST	MI	\$
STREET		APT.	
CITY / STATE		ZIP	_____

LAST	FIRST	MI	\$
STREET		APT.	
CITY / STATE		ZIP	_____

LAST	FIRST	MI	\$
STREET		APT.	
CITY / STATE		ZIP	_____

LAST	FIRST	MI	\$
STREET		APT.	
CITY / STATE		ZIP	_____

LAST	FIRST	MI	\$
STREET		APT.	
CITY / STATE		ZIP	_____

TOTAL THIS PAGE	\$
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SCHEDULE TOTAL LAST PAGE ONLY	\$
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EXPENDITURE PURPOSE CODES

- | | | | |
|-------|----------------------|-------|---------------------------------|
| CATER | Catering | LITER | Campaign Literature |
| CONSL | Consultant | OFFCE | Office Expenses |
| CONSV | Constituent Services | OTHER | Other: Must Provide Explanation |
| ENTER | Entertainment | POSTA | Postage |
| FUNDR | Fundraising | PROFL | Professional Services |
| FURN | Furniture | RENTO | Office Rent |
| INTER | Interest Expenses | WAGES | Workers' Salaries |



ELECTION YEAR 2007T	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /		PAGE OF	
I NUMBER	INTERMEDIARY – FULL NAME			EMPLOYER – COMPANY NAME		AMOUNT THIS PERIOD
	RESIDENTIAL ADDRESS			ADDRESS and OCCUPATION		
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
I NUMBER	LAST	FIRST	M.I.	NAME		
	STREET			APT.	STREET	
N CODE	BORO	CITY – STATE		ZIP CODE	CITY – STATE	INTERMEDIARY OCCUPATION
						\$
TOTAL THIS PAGE						\$
SCHEDULE TOTAL LAST PAGE ONLY						\$

N CODES

- CAN ELECTED CANDIDATE /ELECTED CANDIDATE SPOUSE
- IND INDIVIDUAL
- FAM FAMILY
- PART PARTNERSHIP: partnerships which donate over \$2,500 total must further disclose on Schedule O
- LLC LIMITED LIABILITY COMPANY

- CORP CORPORATION
- PCOMC CANDIDATE COMMITTEES
- PCOMP POLITICAL ACTION COMMITTEE
- PCOMZ POLITICAL PARTY COMMITTEE
- EMPO EMPLOYER ORGANIZATIONS i.e., UNION/GUILD
- OTHR OTHER

BOROUGH CODES

- M MANHATTAN
- X BRONX
- K BROOKLYN (KINGS COUNTY)
- Q QUEENS
- S STATEN ISLAND
- Z NOT IN CITY



ELECTION YEAR 2007T	REPORT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /	PAGE ___ OF ___
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GROUP TOGETHER ALL AFFILIATED DONORS.
FILE FOR ALL TIES.

1	DONOR – FULL NAME	N CODE	REPORT MONTH	SCHEDULE LETTER	PAGE NUMBER	SEQUENCE NUMBER	TIE ID	HOW AFFILIATED
1	LAST FIRST							
2								
3								
4								
5								
6								
2	DONOR – FULL NAME	N CODE	REPORT MONTH	SCHEDULE LETTER	PAGE NUMBER	SEQUENCE NUMBER	TIE ID	HOW AFFILIATED
1	LAST FIRST							
2								
3								
4								
5								
6								
3	DONOR – FULL NAME	N CODE	REPORT MONTH	SCHEDULE LETTER	PAGE NUMBER	SEQUENCE NUMBER	TIE ID	HOW AFFILIATED
1	LAST FIRST							
2								
3								
4								
5								
6								
4	DONOR – FULL NAME	N CODE	REPORT MONTH	SCHEDULE LETTER	PAGE NUMBER	SEQUENCE NUMBER	TIE ID	HOW AFFILIATED
1	LAST FIRST							
2								
3								
4								
5								
6								

N CODES

CAN	ELECTED CANDIDATE /ELECTED CANDIDATE SPOUSE	CORP	CORPORATION
IND	INDIVIDUAL	PCOMC	CANDIDATE COMMITTEES
FAM	FAMILY	PCOMP	POLITICAL ACTION COMMITTEE
PART	PARTNERSHIP: partnerships which contribute over \$2,500 total must further disclose on Schedule O	PCOMZ	POLITICAL PARTY COMMITTEE
LLC	LIMITED LIABILITY COMPANY	EMPO	EMPLOYER ORGANIZATIONS i.e., UNION/GUILD
		OTHR	OTHER



ELECTION YEAR 2007T	STATEMENT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /	PAGE 1 of 2
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1. **OPENING BALANCE** — must be same as ending balance on line 7 of your previous report* ..\$ _____

RECEIPTS THIS PERIOD

2. DONATIONS

2a) Schedule ABC total (Box 3)\$ _____

2b) Schedule D total (Box 4)\$ _____

2c) TOTAL DONATIONS (add 2a plus 2b) \$ _____

3. MISCELLANEOUS RECEIPTS

3a) Schedule E total (Box 4)\$ _____

3b) Schedule I total (Box 1)\$ _____

3c) Schedule L total (Box 1)\$ _____

3d) TOTAL MISCELLANEOUS RECEIPTS (add 3a through 3c) \$ _____

4. **TOTAL RECEIPTS THIS PERIOD (add 2c plus 3d)** \$ _____

5. **TOTAL (add line 1 plus line 4)** \$ _____

DISBURSEMENTS THIS PERIOD

6. DISBURSEMENTS

6a) Schedule F total (Box 3)\$ _____

6b) Sum of Line 2b and Schedule K total (Box 2)\$ _____

6c) Schedule J total (Box 2)\$ _____

6d) Schedule M total (Box 1)\$ _____

6e) TOTAL DISBURSEMENTS THIS PERIOD (add 6a through 6d) \$ _____

7. **BALANCE at end of period (subtract line 6e from line 5)** \$ _____

<p>OUTSTANDING LIABILITIES Opening Of First Disclosure Report</p> <p>\$ _____</p>

* This figure will be zero if this is the first report of a new TIE.



ELECTION YEAR 2007T	STATEMENT MONTH/YEAR	CAND/TIE ID	REPORT PERIOD DATES FROM / / TO / /	PAGE 2 of 2
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STATUS REPORT

8. STATUS OF DONATIONS

- 8a) Donations received (from line 8e of your previous report*) \$ _____
- 8b) Donations received this period (line 2c) \$ _____
- 8c) TOTAL (8a plus 8b) \$ _____
- 8d) Donations refunded (line 6d) \$ _____
- 8e) TOTAL CFB DONATIONS TO DATE (8c minus 8d) \$ _____

9. STATUS OF TIE EXPENSES

- 9a) Expenses paid (from line 9f of your previous report*) . \$ _____
- 9b) Expenses this period (line 6a) \$ _____
- 9c) In-Kind offset (Schedule D, Box 4) \$ _____
- 9d) TOTAL (add 9a through 9c) \$ _____
- 9e) Refunds of expenses (line 3c) \$ _____
- 9f) SUB-TOTAL expenses to date (9d minus 9e) \$ _____
- 9g) Outstanding liabilities (Schedule N, Box 1) \$ _____
- 9h) TOTAL EXPENSES TO DATE (9f plus 9g) \$ _____

10. STATUS OF LOANS RECEIVED

- 10a) Loans received to date (from line 10g of your previous report*) \$ _____
- 10b) Loans received this period (line 3b) \$ _____
- 10c) TOTAL loans received to date (10a plus 10b) \$ _____
- 10d) Loans repaid this period (line 6c) \$ _____
- 10e) TOTAL (10c minus 10d) \$ _____
- 10f) Loans forgiven this period (Schedule K, Box 2) \$ _____
- 10g) STATUS OF LOANS RECEIVED TO DATE (10e minus 10f) \$ _____

* This figure will be zero if this is the first report of a new TIE.