NYC	New York City
	Campaign Finance Board

TRANSITION AND INAUGURAL ENTITY (TIE) DISCLOSURE REPORT — COVER SHEET

	ampaign Finan	ice Board			DIS	CLOSURE R	EPORT — CO	OVER SHEET
ELECTION YEAR 2007T	REPORT MONTH/YEAR	CAND/TIE ID		REPORT PERIOD I		TO / /	PAGE	I OF 2
				DENTIFIC/	ATION			
ELECTED CANDIDA	TE NAME (L	AST)	(FIRST)		AUTHORIZED TIE NAME	:		
TREASURER NAME	(L	AST)	(FIRST)					
			RF	PORT INVI	ENTORY			
			N-			NUMBER OF HANDWRITTEN/	SCHEDULE TOTAL	CFB USE
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MONETAR	RY DONATIONS			(SCH. AI	3C)			
IN-KIND [DONATIONS/EXP	ENDITURES		(SCH. D)			
OTHER RE	ECEIPTS			(SCH. E)				
EXPENDIT	URE PAYMENTS			(SCH. F)				
LOANS RE	ECEIVED			(SCH. I)				
LOANS RE	EPAID			(SCH. J)				
LIABILITIES	s/loans forgiv	EN		(SCH. K)			
EXPENDIT	URE REFUNDS			(SCH. L)				
RECEIPT A	DJUSTMENTS			(SCH. M)			
OUTSTAN	IDING LIABILITIES	;		(SCH. N)			
PARTNERS	S/LLC MEMBERS			(SCH. O)			
SUBCONT	TRACTS			(SCH. O	-1)			
INTERMED	DIARY INFORMAT	ION		(SCH.V)				
AFFILIATEI	d donations			(SCH.W)			
SUMMARY	-RECEIPTS/DISBUI	RSEMENTS						
			RE	PORT DEA	DLINES			
REPORT	NUMBER (DUE D	PATE)				EDMINIATION I DI	-DODT	
I	May 7, 2007					ERMINATION RI	-ruki	
2.	July 6, 2007				DATE	LAST LIABILITY	PAID	

ALL SCHEDULES MUST BETYPEWRITTEN OR PRINTED LEGIBLY IN BLACK INK



TRANSITION AND INAUGURAL ENTITY (TIE) DISCLOSURE REPORT — COVER SHEET

ELECTION YEAR	REPORT MONTH/YEAR	CAND/TIE ID		REPORT PERI	OD DATES					
										PAGE 2 OF 2
2007T										PAGE 2 OF 2
2007 1				FROM	1 1		ТО	1	/	
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ELECTED CANDIDAT	T NAME (LA	A CT)	(FIDCT)		ALITHO	RIZED TIE NAME				
ELECTED CANDIDAT	E NAME (LA	AST)	(FIRST)		AUTHOR	RIZED HE NAME				
TREASURER NAME	(LA	AST)	(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

NYC =	New York City	Campaign	Finance	Board
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OTHR

OTHER

MONETARY DONATIONS Schedule ABC

ELECTION YEAR	REPORT MONTH/YEAR	CAND/TIE ID				REPORT PERIOD		PAGE		
2007T									05	
DATE	DONOR — FUL	LNIAME		EMPLOYER — CO			/ то	/ /	PREVIOUS	
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	STREET		APT	STREET			OTHER	\$ I NUMBER	\$	
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	STREET		APT	STREET			OTHER	\$ I NUMBER	\$	
N CODE	BORO CITY - STATE		ZIP CODE	CITY - STATE	DONOR'S OCCUPATI		CK M.O.			
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4							CREDIT CARD	\$	\$	
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N CODE	BORO CITY - STATE		ZIP CODE	CITY - STATE	DONOR'S OCCUPATI	l.	CK M.O.			
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	Corporation Candidate committees	;				UNITEMIZED DONATIONS \$				
PCOMP F	POLITICAL ACTION COMP	MITTEE				LAST PA ONLY		3		
	POLITICAL PARTY COMMI				TOTAL DONATIONS \$					

3/6/07



TIE IN-KIND DONATIONS/EXPENDITURES Schedule D

ELECTION YEAR	REPORT MONTH/YEAR	CAND/TIE ID			REPORT PERIO	D DATES		PAGE
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DATE	DONOR – FULL	NAME		EMPLOYER – COMPANY	NAME			
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N CODE	DONATION TYPE			EXPLAIN – DONATION TYPE			I NUMBER	
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	rniture fice Expenses	CO		ICOLVI		TOTAL ITEMIZED	_	
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						SCHEDULE TOTAL	3	
BOROUGH CO	ODES					LAST PAGE ONLY	\$	
M MANHAT							<u> </u>	

- BRONX
- BROOKLYN (KINGS COUNTY)
- STATEN ISLAND
- NOT IN CITY

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TIE OTHER RECEIPTS Schedule E

ELECTION YEA	.R	REPORT MON	NTH/YEAR	CAND/TIE II)						REPORT PERIOD D		PAGE	
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- Q QUEENS
- S STATEN ISLAND
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TIE EXPENDITURE PAYMENTS Schedule F

ELECTION YEAR	REPORT MON	NTH/YEAR	CAND/TIE ID				RE	PORT PERIOD DATES				PAGE
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CE N	ew York City Car	npaign Finance Bo	oard	TIE LOANS	S RECE	IVED 9	Schedule I
ELECTION YEAR	REPORT MONTH/YEAR	CAND/TIE ID		REP	ORT PERIOD DATES		PAGE
2007T				FRO	OM / /	TO /	, of
LOAN DATE MM DD YR	LENDER – FULL	NAME AND ADDRESS		EMPLOYER — NAME AND ADDRESS	LOAN AMOUNT		
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1 1	STREET ADDRESS		APT	STREET ADDRESS			-
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If a loan is	not repaid by the	e date of the electe	ed candidate's ir	nauguration into office,		TOTAL THIS PAGE	\$
it is deem	ed a donation, sub			of the New York City	'	SCHEDULE	
Administra	ative Code.					TOTAL LAST PAGE	
						ONLY	\$
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				TIE LOAN RI	EPATIVI	ENIS	Schedule J
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	STREET ADDRESS	APT					-
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						PAGE	\$
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3/6/07

NYC	New York City Campaign Finance Bo	oard

LIABILITIES/LOANS FORGIVEN Schedule K

ELECTION YEAR	REPORT MONTH/YEAR	CAND/TIE ID			REPORT PERIOD DATES		PAGE
2007T					FROM / /	TO / /	OF
ORIGINAL DAT		I		STREET ADDRESS	, ,	DATE FORGIVEN	DATE FORGIVEN
OF LIABILITY MM DD Y	/ VENDOR/LE	ENDER – FULL NAME		CITY / STATE / ZIP CODE		LIABILITY AMOUNT	LOAN AMOUNT
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	- , ; ;				TOTAL LAST PAGE ONLY	\$	\$



TIE EXPENDITURE REFUNDS Schedule L

ELECTION YEAR	REPORT MONTH/YEAR	CAND/TIE ID			REPORT PERIOD DATES			PAGE
2007T					FROM / /	TO /	I	OF
DATE RECEIVED	T			STREET ADDRESS			OR PAYM	RIGINAL ENT DATE
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						THIS PAGE	\$	

SCHEDULE TOTAL
LAST PAGE ONLY \$

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OTHER

New York City Campaign Finance Board

TIE DONATIONS REFUNDED AND OTHER RECEIPT ADIUSTMENTS Schedule M

ELECTION YE	AR R	EPORT M	ONTH/YE	AR	CAND/	TIE ID					REPOR	T PERIOD DATES		PAGE
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IND EAM	INDIVIDU FAMILY	JAL						X	BRONX				[1]	
FAM PART		SHIP: D	artnersh	ips whic	ch donate o	ver \$2,500		K	BROOKLYN (KINGS CO	UNTY)		SCHEDULE TOTAL	Γ	
	total mus	t further	· disclose	on Sch				Q S	QUEENS STATEN ISLAND			LAST PAGE ONLY	\$	
LLC	LIMITED			PANY				Z	NOT IN CITY					
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PCOMP	POLITICA				EE									
PCOMZ	POLITICA	al part	Y COM	MITTEE										
EMPO	EMPLOYE	R ORG	ANIZAT	IONS i.e	e., UNION/	GUILD								



TIE OUTSTANDING LIABILITIES Schedule N

ELECTION YEA	AR R	EPORT MONTH/YEAR	CAND/TIE ID					REPORT PERIOD	DATES			PAGE
2007T	•							FROM	/ / то	, ,		OF
DATE LIAB INCURR		VENDOR – FULL	NAME	•			TOTAL AMT.	ICURRED	PURPOSE CODE	EXPLAIN		AMOUNT
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8		LAST		FIRST		MI		CURRENT				
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I		LAST		FIRST		MI		CURRENT				
	L	STREET				APT.		PRIOR				
N CODE		CITY / STATE				ZIP	\$	ADVANCE			\$	
		RPOSE CODES								TOTAL THIS PAGE	•	
	Catering		IOFFC		Office Expenses						\$	
	Mailings Consulta	int	OTHE POSTA		Other: Must Provide Explanation Postage							
	Entertair		PROFL		Professional Services					SCHEDULE TOTAL	Ш	
	Fundrais		RENTO		Office Rent					LAST PAGE		
	Furniture		WAGE		Workers' Salaries					ONLY	\$	

PARTNERS/LLC MEMBERS Schedule O

election year ref	PORT MONTH/YEAR	CAND/TII	E ID			RE	PORT PERIOD DATES		PAGE
							OM / / TC) / /	OF
	PARTNERS STREET ADDRESS			ZIP CODE	RESIDENTIAL A		MBER NAME	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT
	NAME				LAST	FIRST	MI		
DONATION AMOUNT	STREET			APT.	STREET		APT.		
-	CITY / STATE			ZIP	CITY / STATE		ZIP	•	•
N CODE					LAST	FIRST	MI	\$	\$
					STREET		APT.		
PREVIOUS UN	ATTRIBUTED PA	RTNERSHIF	P/LLC D	ONATIONS	CITY / STATE		ZIP		
TIE ID/REPORT/SCH/PG/SE	EQ TIE ID/REPORT	/SCH/PG/SEQ	TIE ID/	REPORT/SCH/PG/SEQ				\$	\$
DONATION AMOUN	T DONATION	AMOUNT	DON	IATION AMOUNT	LAST	FIRST	MI		
					STREET		APT.		
					CITY / STATE		ZIP	\$	\$
£	6				LAST	FIRST	MI		
\$	\$		\$		STREET		APT.		
	INSTRUCT	TIONS			CITY / STATE		ZIP	\$	\$
All partnership	and II C dona	stions mu	st bo l	listad	LAST	FIRST	MI	Ψ	Ψ
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					STREET		APT.		
Partnership and this schedule or					CITY / STATE		ZIP		
gregate donatio	ns are at least	\$2,500 an	nd any		LAST	FIRST	MI	\$	\$
al's share of the	se donations e	xceeds \$9	99.		STREET		APT.		
When a partne									
\$2,500, list the marked PARTN					CITY / STATE		ZIP	\$	\$
unattributed bo	xes all previous	s partners	ship or	LLC	LAST	FIRST	MI		
donations from were not previous					STREET		APT.		
Once listed on	this schedule,	donations			CITY / STATE		ZIP	\$	\$
be listed on this	_				LAST	FIRST	MI		•
If subsequent do are received, list		•	•		STREET		APT.		
donations.	- 3 404 10400	J, 41103		- 1	CITY / STATE		ZIP	\$	¢
Group together	all partnership	and LLC	inforn	nation	LAST	FIRST	MI	Ψ	\$
and file this sch	edule just for				STREET		APT.		
illiormation for	all TIES.				CITY / STATE		ZIP		
						I		\$ I	\$
							TOTAL AMOUNT ATTRIBUTED		
N CODES						ŀ		2	
	SHIP: partnerships v tal must further discl						TOTAL AMOUNT UNATTRIBUTED		
	LIABILITY COMPAN							\$ I+2	
							TOTAL	174	
							DONATION	\$	



SUBCONTRACTS Schedule O-1

			DEDORT DEDIOD DATES			
2007T REPORT MONTH/YEAR CAND/TIE ID			REPORT PERIOD DATES	T-0 / /		PAGE OF
PAYEE STREET ADDRESS / CITY / STATE / ZIP CODE		PROVIDER – Fi			ATT	MOUNT RIBUTED OSE CODE
NAME		LAST	FIRST	MI		302 0022
STREET	APT.	STREET		APT.	\$	
CITY / STATE	ZIP	CITY / STATE		ZIP		
		LAST	FIRST	MI		
		STREET		APT.	\$	
		CITY / STATE		ZIP		
		LAST	FIRST	MI		
		STREET		APT.	\$	
EXPENDITURE PURPOSE CODES		CITY / STATE		ZIP		
CATER Catering LITER Campaign Literature CONSL Consultant OFFCE Office Expenses		LAST	FIRST	 MI		
CONSV Constituent Services OTHER Other: Must Provide Explanation			FIN31		\$	
ENTER Entertainment POSTA Postage FUNDR Fundraising PROFL Professional Services		STREET		APT.		
FURN Furniture RENTO Office Rent INTER Interest Expenses WAGES Workers' Salaries		CITY / STATE		ZIP		
INVERT III. III. III. III. III. III. III. II		LAST	FIRST	MI	\$	
		STREET		APT.	Ψ	
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		CITY / STATE		ZIP		
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		CITY / STATE		ZIP		
		LAST	FIRST	MI		
		STREET		APT.	\$	
		CITY / STATE		ZIP		
		S.117 SIME		ΔIΓ		· — — —
				TOTAL THIS PAGE	\$	
				SCHEDULE TOTAL LAST PAGE ONLY	\$	

NYC	
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LIMITED LIABILITY COMPANY

LLC

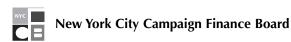
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OTHER

New York City Campaign Finance Board

TIE INTERMEDIARY INFORMATION Schedule V

ELECTION YEAR R	EPORT MON	NTH/YEAR	CAND/TIE ID				R	EPORT PERIOD	DATES			PAGE
2007T							F	ROM /	/ TO) / /		OF
I NUMBER	INTE	RMEDI	ARY – FUI	L NAME		EMPLOYER – 0	COMPANY I	NAME			1A	10UNT
	RESID	ENTIAL A	ADDRESS			ADDRESS and	OCCUPATI	ON			THI	S PERIOD
I NUMBER	LAST			FIRST	M.I.	NAME						
	STREET				APT.	STREET						
N CODE	BORO	CITY – STATE	<u> </u>		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	<u> </u>		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			I			
	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	<u> </u>		ZIP CODE	CITY – STATE			INTERMEDIARY	OCCUPATION	\$	
N CODES							BOROUGH C	<u>ODES</u>		TOTAL THIS PAGE	\$	
CAN ELECTED C		E /ELECTED		CORP PCOMC	CORPORATION CANDIDATE COMMITT	EES	M MANH X BRON	attan K		SCHEDULE TOTAL	*	
nd individuai Am family	-			PCOMP PCOMZ	POLITICAL ACTION CO	OMMITTEE IMITTEE	K BROOM	klyn (kings 1s	COUNTY)	LAST PAGE ONLY	\$	
PART PARTNERSH			donate over n Schedule O	EMPO	EMPLOYER ORGANIZAT	TIONS	S STATEN	N ISLAND				



TIE AFFILIATED DONATIONS Schedule W

ELECTION YEAR	REPORT MONTH/YEAR	CAND/TIE ID						REPORT PERIOD	DATES			PAGE
2007T								FROM /	1	TO /	1	OF
	JP TOGETHER ALL OR ALL TIES.	AFFILIATED	DONORS.									
10d	NOR – FULL NAM	E		N CODE	REPORT MONTH	SCHEDULE LETTER	PAGE NUMBER	SEQUENCE NUMBER	TIE ID	HOV	V AFFILIA	TED
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² DON	NOR – FULL NAM	E		N CODE	REPORT MONTH	SCHEDULE LETTER	PAGE NUMBER	SEQUENCE NUMBER	TIE ID	HOV	V AFFILIA	TED
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2												
3												
4												
5												
6												
	NOR – FULL NAM	E		N CODE	REPORT MONTH	SCHEDULE LETTER	PAGE NUMBER	SEQUENCE NUMBER	TIE ID	HOV	V AFFILIAT	ΓED
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2												
3												
4												
5												
6												
	NOR – FULL NAM			N CODE	REPORT MONTH	SCHEDULE LETTER	PAGE NUMBER	SEQUENCE NUMBER	TIE ID	HOV	V AFFILIAT	ΓED
I LAST		FIRST										
2												
3												
4												
5												
6												

N CODES

LLC

ELECTED CANDIDATE /ELECTED CANDIDATE SPOUSE IND

INDIVIDUAL FAM **FAMILY**

PART PARTNERSHIP: partnerships which contribute over

LIMITED LIABILITY COMPANY

2,500 total must further disclose on Schedule O

CORP CORPORATION

CANDIDATE COMMITTEES PCOMC PCOMP POLITICAL ACTION COMMITTEE

POLITICAL PARTY COMMITTEE EMPO EMPLOYER ORGANIZATIONS i.e., UNION/GUILD

OTHR

PCOMZ

3/6/07

SUMMARY OF RECEIPTS/DISBURSEMENTS

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

I. 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 I)
	3c) Schedule L total (Box I)
	3d) TOTAL MISCELLANEOUS RECEIPTS (add 3a through 3c)
5.	TOTAL RECEIPTS THIS PERIOD (add 2c plus 3d)
	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 I)
	6e) TOTAL DISBURSEMENTS THIS PERIOD (add 6a through 6d)\$
7.	BALANCE at end of period (subtract line 6e from line 5)\$

OUTSTANDING LIABILITIES Opening Of First Disclosure Report

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

SUMMARY OF RECEIPTS/DISBURSEMENTS

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

STATUS REPORT

8.	STA	TATUS 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.	STA	TUS 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.	STA	TUS 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)				
	I 0f)	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.