Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2023	0153			Repor Filed		CANE	DIDA	TE	СОМ	MITTEE	✓	LOBI	BYIST		
	Committee, Candid	ate or L	obbyist:			-	OAD AC	TION	N INDE	PENDEN	Γ EXPEN		СОММ	ITTEE		
Street Address:	449 TROUTMA	AN ST,S	TE C													
City:	BROOKLYN						State: NY Zip Code:					de: 11	237			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D. PRIM		POS	ST- 3.		AMENDN REPORT		Yes	No)	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X		AY TION	POS	6. GT-		TERMIN/ REPORT		Yes	No)	\checkmark
report type)	port type) ANNUAL REPORT 7. Year 2023 FILING METHOD () CHECK ONE								PAPER		\checkmark	DISKE	TTE			
Name of Office S	L Sought by Candida	te:					DATE	OF I	ELECT	ION	District Number	Office Code	Par	ty Code	Coun	
							мо	D	AY	YEAR			OTH	ł		
							1	1	7	2023]	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	D	AY	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		9 19	20	023 1	Ю	1	0	23	2023						
A. Amount Bro	ught Forward From	n Last R	eport			\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	1 Sche	dule I)	\$;		7	5,000.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$;		7	5,000.00						
D. Total Expen	ditures (From Scho	edule II	I)			\$;		1	9,200.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		4	5		5	5,800.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$;			0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$;			0.00						
				AFF	IDAV	IT SE		J								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. 1	If this i	s a Ca	ndidate	repo	ort, car	didate si	gn here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sc	hedules	s filed on	paper	or by ele	ctron	ic medi	um, are to	the best o	f my knov	ledge	and beli	ef , tri	ue
Sworn to and subs	cribed before me this day of	;	20							Signatur	e of Perso	n Submitt	ing Rep	ort		-
	Signatu	re				_					Prin	ted Name				-
My Commission E	cpires					_		_			Ema	il				_
	мо	D	AY	YR					Area	Code	Daytin	ne Telepho	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, (Candic	late sha	ll sig	n here							
I swear (or affirm) No 320) as amende	that to the best of n ed.	ny knowle	edge and beli	ef this	political	comn	nittee has	not v	violated	any provis	ions of th	e act of Ju	ine 3,1	937 (P.I	. 1333	з,
Sworn to and subso	ribed before me this day of		20							S	ignature	of Candida	te			-
						_		_			Printe	ed Name				-
My Commission Exp	Signature					_					Ema	il				-
	мо	D	AY	YR		_			Area Co	de	D	aytime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pag	E			
Name of Filing Committee or Candidate	Reporting	g Period		
MAKE THE ROAD ACTION INDEPENDENT EXPENDITURE COMMITTEE	<u>9/19/20</u>	<u>23</u> To:	<u>10/23/2023</u>	
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			-	
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	75,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	75,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	75,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate					Reporting Period						
			Fro	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	PAGE TOTAL			

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

PAGE 3

5/10/2024 5:27:09 AM

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidat	e		-	orting P	eriod					
	From: To:									
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								
PAGE TOTAL										
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00										

PAGE 5

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Reporting								
MAKE THE ROAD ACTION INDEPENDENT EXPENDITURE From:					<u>9/2023</u>	<u>10</u>	/23/2023	
	DATE AMOUNT							
Full Name of Contributing Commit MOVEMENT VOTER PAC	tee			мо	DAY	YEAR		
Mailing Address PO BOX 1719							\$	75,000.00
City NORTHAMPGON	State MA	Zip Cod 01061	e (Plus 4)	9	26	2023		
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	75,000.00

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or C	Name of Filing Committee or Candidate				od				
From:					om: To:				
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section	7.			\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD. Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	bd	
MAKE THE ROAD ACTION INDEPENDENT EXPENDITURE COMMITTEE	From:	<u>9/19/2023</u> To:	<u>10/23/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	(TF)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period						
	From:			То:			
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address	Mailing Address					\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	lus 4)						
Employer of Contributor			I			Occupat	tion	_	I	
Employer Mailing Address/Prine Business	cipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
				_		_				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
MAKE THE ROAD ACTION INDEPENDENT EXPENDITURE COMMITTEE			From	<u>9/19/2023</u> To:			<u>10/23/2023</u>
			DATE				AMOUNT
To Whom Paid MAKE THE ROAD ACTION (C4)			мо	DAY	YEAR		
Mailing Address 443 TROUTMAN ST STE C			10	23	2023	\$	19,200.00
City BROOKLYN	State	Zip Code (Plus 4)	Description of Expenditure				
	NY	11237	CANVASSING SERVICES IN SUPPORT OF RUE LANDAU ISAIAH THOMAS NICHOLAS IO'ROURKE AND KENDRA BROOKS				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	19,200.00