



Page 1 of 1

Statement covers period

8/1/11 to 8/31/11

Reporting Period (Year, Day, Month)

8/1/11 to 8/31/11

Reporting Period (Month, Day, Year)

Other Committee for which you receive contributions

Yes No If yes, list the committee name and address of which you have received contributions in this column. Do not include the committee name if the committee is the same as the one listed on page 1 of your campaign.

COMMITTEE NAME

RESIDENT TO EMAIL

COMMITTEE ADDRESS

STATE

ZIP CODE

PHONE NUMBER

COMMITTEE TYPE

COMMITTEE ADDRESS

STATE

ZIP CODE

PHONE NUMBER

COMMITTEE TYPE

COMMITTEE ADDRESS

STATE

ZIP CODE

PHONE NUMBER

COMMITTEE TYPE

State, Federal, Controlled, and Other Committees

(Name of committee)

(Address of committee)

(City of committee)

(State of committee)

(Zip code of committee)

(Phone number of committee)

(Committee type)

(Committee address)

(State of committee)

(Zip code of committee)

(Phone number of committee)

(Committee type)

(Committee address)

(State of committee)

(Zip code of committee)

(Phone number of committee)

(Committee type)

(Committee address)

(State of committee)

(Zip code of committee)

(Phone number of committee)

(Committee type)

MONTH
8/11/87

DATE RECEIVED
8/20/87

NO. OF OFFICERS/CLERKS OR CANDIDATES AND CONTROLLED COMMITTEE
STUVER FOR SARA

Column A (SEE INSTRUCTIONS A + B) TOTAL AMOUNT RECEIVED	Column B (SEE INSTRUCTIONS B) TOTAL AMOUNT DEBITED	Column C (SEE INSTRUCTIONS C) TOTAL AMOUNT	Column D (SEE INSTRUCTIONS D) TOTAL AMOUNT
08.501	00.501	00.501	00.501
09.501	00.501	00.501	00.501
10.501	00.501	00.501	00.501
11.501	00.501	00.501	00.501
12.501	00.501	00.501	00.501
13.501	00.501	00.501	00.501
14.501	00.501	00.501	00.501
15.501	00.501	00.501	00.501
16.501	00.501	00.501	00.501
17.501	00.501	00.501	00.501
18.501	00.501	00.501	00.501
19.501	00.501	00.501	00.501
20.501	00.501	00.501	00.501
21.501	00.501	00.501	00.501
22.501	00.501	00.501	00.501
23.501	00.501	00.501	00.501
24.501	00.501	00.501	00.501
25.501	00.501	00.501	00.501
26.501	00.501	00.501	00.501
27.501	00.501	00.501	00.501
28.501	00.501	00.501	00.501
29.501	00.501	00.501	00.501
30.501	00.501	00.501	00.501
31.501	00.501	00.501	00.501
32.501	00.501	00.501	00.501
33.501	00.501	00.501	00.501
34.501	00.501	00.501	00.501
35.501	00.501	00.501	00.501
36.501	00.501	00.501	00.501
37.501	00.501	00.501	00.501
38.501	00.501	00.501	00.501
39.501	00.501	00.501	00.501
40.501	00.501	00.501	00.501
41.501	00.501	00.501	00.501
42.501	00.501	00.501	00.501
43.501	00.501	00.501	00.501
44.501	00.501	00.501	00.501
45.501	00.501	00.501	00.501
46.501	00.501	00.501	00.501
47.501	00.501	00.501	00.501
48.501	00.501	00.501	00.501
49.501	00.501	00.501	00.501
50.501	00.501	00.501	00.501
51.501	00.501	00.501	00.501
52.501	00.501	00.501	00.501
53.501	00.501	00.501	00.501
54.501	00.501	00.501	00.501
55.501	00.501	00.501	00.501
56.501	00.501	00.501	00.501
57.501	00.501	00.501	00.501
58.501	00.501	00.501	00.501
59.501	00.501	00.501	00.501
60.501	00.501	00.501	00.501
61.501	00.501	00.501	00.501
62.501	00.501	00.501	00.501
63.501	00.501	00.501	00.501
64.501	00.501	00.501	00.501
65.501	00.501	00.501	00.501
66.501	00.501	00.501	00.501
67.501	00.501	00.501	00.501
68.501	00.501	00.501	00.501
69.501	00.501	00.501	00.501
70.501	00.501	00.501	00.501
71.501	00.501	00.501	00.501
72.501	00.501	00.501	00.501
73.501	00.501	00.501	00.501
74.501	00.501	00.501	00.501
75.501	00.501	00.501	00.501
76.501	00.501	00.501	00.501
77.501	00.501	00.501	00.501
78.501	00.501	00.501	00.501
79.501	00.501	00.501	00.501
80.501	00.501	00.501	00.501
81.501	00.501	00.501	00.501
82.501	00.501	00.501	00.501
83.501	00.501	00.501	00.501
84.501	00.501	00.501	00.501
85.501	00.501	00.501	00.501
86.501	00.501	00.501	00.501
87.501	00.501	00.501	00.501
88.501	00.501	00.501	00.501
89.501	00.501	00.501	00.501
90.501	00.501	00.501	00.501
91.501	00.501	00.501	00.501
92.501	00.501	00.501	00.501
93.501	00.501	00.501	00.501
94.501	00.501	00.501	00.501
95.501	00.501	00.501	00.501
96.501	00.501	00.501	00.501
97.501	00.501	00.501	00.501
98.501	00.501	00.501	00.501
99.501	00.501	00.501	00.501
100.501	00.501	00.501	00.501

State of New York
Commission on Investments
Office of the Controller
State of New York

Employee
Statement covering period
8/1/15 to 8/31/15

Employee Name: [Redacted]
Employee ID: 303089
Period: 8/1/15 to 8/31/15

Statement covering period
8/1/15 to 8/31/15

EMPLOYEE STATEMENT OF ACCRUED EXPENSES ON SCHEDULE E

Report on the Summary Section Before
The Summary Section Before
The Summary Section Before

GENERAL OPERATIONS AND OVERHEAD
MEMORANDUM AND CONSULTING
PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES
TRAVEL ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)
GENERAL OPERATIONS AND OVERHEAD
MEMORANDUM AND CONSULTING
PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES

DIAD	TRUOMA	DESCRIPTION OF PAYMENT	FOR	CODE	NOTIFICATION OF CONTRIBUTION

REPORT TO EMPLOYER ON THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E

REPORT TO EMPLOYER ON THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E

REPORT TO EMPLOYER ON THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E

Not to be used to report
 contributions to candidates
 or political parties

Contributor Information Schedule A

Statement covers period
 from 8/1/15
 through 8/31/16

ID NUMBER
 4 to 4

780823

NAME OF OFFICER, CLERK OR CANDIDATE AND CONTROLLED COMMITTEE

REGISTRATION OR NUMBER

STANLEY
 2015 2016

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR IS AN INDIVIDUAL, LIST FULL NAME AND ADDRESS IN FULL)	REGISTRATION AND EMPLOYER (IF CONTRIBUTOR IS AN INDIVIDUAL, LIST FULL NAME AND ADDRESS IN FULL)	PERIOD RECEIVED (MONTH)	CONTRIBUTION (IF CONTRIBUTOR IS AN INDIVIDUAL, LIST FULL NAME AND ADDRESS IN FULL)	STATED TO BE (IF CONTRIBUTOR IS AN INDIVIDUAL, LIST FULL NAME AND ADDRESS IN FULL)	DATE RECEIVED (IF CONTRIBUTOR IS AN INDIVIDUAL, LIST FULL NAME AND ADDRESS IN FULL)

CONTRIBUTOR

Contributor Information

Contributor Information — contributor's name and address (if contributor is an individual, list full name and address in full)

Contributor Information — contributor's name and address (if contributor is an individual, list full name and address in full)

Contributor Information — contributor's name and address (if contributor is an individual, list full name and address in full)

250.00
 20.00
 0