07/15/2016 19 : 07

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### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		ized Comr	nittee	<b>'</b>		Office	· Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRI	NT ▼		mple: If typing	g, type	12FE4M	5	
FRIENDS OF	NAN F	HAYWORTH							ı
		7.0.70%							
ADDRESS (number ar	nd street)	P.O. BOX 51	1						
Check if di	ferent								
than previo reported. (A	usly	CHESTER					NY	10918	
2. <b>FEC IDENTIFIC</b>	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE
C C0046649	90		3.	IS THIS	NEW		AMENI	DED	STATE ▼ DISTRICT
				REPORT	(N)	OR	(A)		NY 18
4. TYPE OF RE	PORT (	Choose One)	(1-)		E B				
(a) Quarterly R	eports:		(b) 1	12-Day PRE-	Election Repo	rt for the:	-		
April 15	5 Quarterl	y Report (Q1)		Ш	Primary (12P)	L	General (	12G)	Runoff (12R)
		/ Report (Q2)			Convention (1	12C)	Special (1	12S)	
		rterly Report (Q3)		Election on	M M /	D D /	Y Y Y Y		in the State of
January	/ 31 Year-	-End Report (YE)	(c) 3		-Election Rep	ort for the			
					General (30G		Runoff (3	OD)	Special (30S)
<b>.</b> .					General (30G		Nulloll (S	un)	Special (303)
<b>X</b> Termina	ation Repo	ort (IER)		Election on	M M /	D D /	Y Y Y Y		in the State of
			•						
5. Covering Period	N	07 / D D D		016 Y	through	M M 07	/ D D /		y y y 2016
I certify that I have e	examined	this Report and	to the be	est of my kno	owledge and b	pelief it is tr	ue, correct an	d com	plete.
Type or Print Name	of Treasu	rer BRADLEY	Γ. CRATE						
Signature of Treasure	er <u>B</u>	RADLEY T. CRATE		I	Electronically F	Filed] [	Date 07	′	15 / Y Y Y Y Y 2016
NOTE: Submission of	false, err	oneous, or incomp	olete infor	mation may s	ubject the pers	son signing t	this Report to t	the per	nalties of 2 U.S.C. §437g.
Office Use								FI	EC FORM 3
Only									Revised 02/2003)

#### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

#### FRIENDS OF NAN HAYWORTH

07 07 15 2016 01 2016 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 2859722.84 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 38885.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 2820837.84 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 0.00 3386974.81 (from Line 17) ..... (b) Total Offsets to Operating 0.00 16992.25 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 3369982.56 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 27

Write or Type Committee Name

#### FRIENDS OF NAN HAYWORTH

Report Covering the Period: From: 07 01 2016 To: 07 15 2016

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. (	CONTRIBUTIONS (other than loans) FROM:		
(	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	1378810.91
	(ii) Unitemized	0.00	70098.39
	(iii) TOTAL of contributions from individuals	0.00	1448909.30
,	b) Political Party Committees	0.00	0.00
(	c) Other Political Committees (such as PACs)	0.00	327264.43
`	d) The Candidate	0.00	1083549.11
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	2859722.84
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	18005.49
3. L	OANS:		
(	a) Made or Guaranteed by the Candidate	0.00	632060.84
,	b) All Other Loans	0.00	0.00
(	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	632060.84
	OFFSETS TO OPERATING		
	EXPENDITURES Refunds, Rebates, etc.)	0.00	16992.25
	DTHER RECEIPTS Dividends, Interest, etc.)	0.00	51.09
1	TOTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	3526832.51

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	0.00	3386974.81
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	31990.65	63500.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	31990.65	63500.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	33885.00
			0.00	0.00
	(b)	Political Party Committees  Other Political Committees	0.00	0.00
	(-)	(such as PACs)	0.00	5000.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	38885.00
21.	OTI	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	31990.65	3489359.81
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOF	RTING PERIOD	31990.65
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		31990.65
26.	то	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	31990.65
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 OF 27 (check only one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 X 19a 19b 20a 20b 20c 21				
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and						
NAME OF COMMITTEE (In Full) FRIENDS OF NAN HAYWORTH						
Full Name (Last, First, Middle Initial)  A. NAN HAYWORTH		Date of Disbursement				
Mailing Address PO BOX 394		07 08 2016				
City State FISHKILL NY	Zip Code 12524	Amount of Each Disbursement this Period				
Purpose of Disbursement LOAN REPAYMENT		31990.65				
Candidate Name	Category Type	/ Memo Item / Transaction ID : SB19A.19847				
Office Sought:  House Senate President  Other (s	r: 2014 X General	Transaction ID: 36 19A. 19647				
State: NY District: 18  Full Name (Last, First, Middle Initial)						
В.		Date of Disbursement				
Mailing Address		M M / D D / Y Y Y				
City State	Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement		Memo Item				
Candidate Name	Category. Type					
Office Sought:  House  Senate  President  State:  Disbursement Fo  Other (s	General					
Full Name (Last, First, Middle Initial)						
C.		Date of Disbursement				
Mailing Address		M M / D D / Y Y Y Y				
City State Z	ip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement	Memo Item					
Candidate Name	Category Type	_				
Office Sought:  House  Senate  President  Disbursement Fo  Primary  Other (s	General					
State: District:						
SUBTOTAL of Disbursements This Page (optional)		31990.65				

TOTAL This Period (last page this line number only).....

31990.65

### SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

**PAGE** 

×	13a
	13b

27

OF

Transaction ID: SC/10.5177 NAME OF COMMITTEE (In Full) FRIENDS OF NAN HAYWORTH LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2010 Memo Item Primary NAN HAYWORTH General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 394 City State ZIP Code NY 12524 **FISHKILL** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 110000.00 64500.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>M</sup> 09<sup>M</sup> <sup>D</sup>26 ž009 DŮE ỞN % (apr) DEMAND No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5177

(Current loan amount of 45500.00 from a balance of 45500.00 has been forgiven)

#### SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

X 13a I

PAGE 8

SAITO		Detailed Summary Page	13b
AME OF COMMITTEE (In Full)		Transacti	on ID : SC/10.5180
FRIENDS OF NAN HAYWORTH	I		
LOAN SOURCE Full Name (Last, First, I	Middle Initial) "PERSONAL FU	INDS] Memo Item	Election: 2010
NAN HAYWORTH			Primary  General
Mailing Address PO BOX 394			Other (specify)
City	State ZIP Cod	de	
FISHKILL	NY 12524		
Original Amount of Loan	Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
40000.00		0.00	0.00
TERMS  Date Incurred	Date Due	Interest Rate	Secured:
M 09 <sup>M</sup> / D 30 D / Y 2009 Y		DÚE ÓN O.00 EMAND	% (apr) Yes No
List All Endorsers or Guarantors (if any	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZID Code	Amount Guaranteed	
City State	ZIP Code	Outstanding:	yy
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
3. Full Name (Last, First, Middle Initial)		Outstanding:  Name of Employer	, ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	710.0	Amount Guaranteed	
City State	ZIP Code	Outstanding:	, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,
SUBTOTALS This Period This Page (optional	·		0.00
Carry outstanding balance only to LINE 3.5	Schedule D. for this line. If	no Schedule D. corre forms	ard to appropriate line of Summers

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: SC/10.5180

(Current loan amount of 40000.00 from a balance of 40000.00 has been forgiven)

#### SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 10

X 13a I

ANS			Detailed Su	mmary Page	(cricoit offiny offic)	13b
AME OF COMMITTEE (In Full)	MODTH	,		Transaction	ID : SC/10.5181	1 1
NAN HAYWORTH	ast, First, Middle Initial)	PERSONAL FUN	<b>DS]</b> Memo		ection: 2010 Primary General	
Mailing Address PO BOX 394					Other (specify)	
City	State	ZIP Code				
FISHKILL	NY	12524				
Original Amount of Loan		ve Payment To D		Balance	Outstanding at Close	
100	0000.00		0.00			0.00
Date Incurred	M M /		E ŎN Y	nterest Rate 0.00	Se % (apr)	ecured:
List All Endorsers or Guarant	ors (if any) to Loan So		MAND		(.,,	Yes No
1. Full Name (Last, First, Midd			Name of Empl	oyer		
Mailing Address		(	Occupation			
City	State ZIP Cod	de	Amount Guaranteed Outstanding:		,	
2. Full Name (Last, First, Middl	e Initial)	1	Name of Empl	oyer		
Mailing Address		(	Occupation			
City	State ZIP Cod	de	Amount Guaranteed Outstanding:		,	
3. Full Name (Last, First, Middl	e Initial)	1	Name of Empl	oyer		
Mailing Address		(	Occupation			
City	State ZIP Cod	de	Amount Guaranteed Outstanding:	,	,	
4. Full Name (Last, First, Middl	e Initial)	1	Name of Empl	oyer		
Mailing Address		(	Occupation			
City	State ZIP Cod	de	Amount Guaranteed Dutstanding:		,	
UBTOTALS This Period This Pag	ge (optional)			<b>.</b>	7	0.00
OTALS This Period (last page in	this line only)			·	, , , ,	
Carry outstanding balance only to	LINE 3. Schedule D. f	or this line. If no	Schedule D.	carry forward	to appropriate line	of Summarv.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.5181

(Current loan amount of 100000.00 from a balance of 100000.00 has been forgiven)

### SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 12

**X** 13a

DANS		Detailed Summary Page	(crieck only one) 13b
AME OF COMMITTEE (In Full) RIENDS OF NAN HAYWOR	тн	Transaction	ID : SC/10.5183
LOAN SOURCE Full Name (Last, Fire NAN HAYWORTH	st, Middle Initial) <b>PERSONAL FO</b>		ection: 2010 Primary General
Mailing Address PO BOX 394			Other (specify) ▼
City FISHKILL	State ZIP Co	de	
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period 0.00
TERMS  Date Incurred	Date Due	Interest Rate	Secured:
M <sub>03</sub> M / G <sub>31</sub> D / Y Ž010 Y		DŮE ỞN Č DEMAND	% (apr) Yes No
List All Endorsers or Guarantors (if			
1. Full Name (Last, First, Middle Initial	al)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	,
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City St	tate ZIP Code	Amount Guaranteed Outstanding:	,
3. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City St	tate ZIP Code	Amount Guaranteed Outstanding:	,
4. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (opt	ional)		0.00
TOTALS This Period (last page in this line	ne only)	······ <b>\</b>	7
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forward	to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10 Transaction ID: SC/10.5183

(Current loan amount of 115900.00 from a balance of 115900.00 has been forgiven)

#### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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×	13a
	13b

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Detailed Summary Page Transaction ID: SC/10.5184 NAME OF COMMITTEE (In Full) FRIENDS OF NAN HAYWORTH LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2010 Memo Item Primary NAN HAYWORTH ★ General Mailing Address Other (specify) PO BOX 394 City State ZIP Code NY 12524 **FISHKILL** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 100000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>D</sup>30 <sup>M</sup> 06<sup>M</sup> Ž010 DŮE ỞN % (apr) DEMAND No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5184

(Current loan amount of 100000.00 from a balance of 100000.00 has been forgiven)

### SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

×	13a
	13b

DANS			Detailed Summar		(check only one	<i>'</i>	3a 3b
AME OF COMMITTEE (In Full) FRIENDS OF NAN HAYWO	RTH		Tr	ansaction	ID : SC/10.4731		
LOAN SOURCE Full Name (Last, NAN HAYWORTH		al)	Memo ltem		ction: 2012		
Mailing Address PO BOX 394					General Other (specify)	<b>,</b>	
City	State	ZIP Cod	le				
FISHKILL	NY	12524					
Original Amount of Loan	Cumula	ative Payment To	Date	Balance	Outstanding at Cl	ose of This Pe	eriod
100000	.00		18165.00		7	0.00	
TERMS  Date Incurred  M 10 P 29 Y 2012	Y M M /	Date Due	Interes	t Rate 0.00	% (apr)	Secured:	No
List All Endorsers or Guarantors	(if any) to Loan	Source				163	INO
1. Full Name (Last, First, Middle II	nitial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:	7	,		
2. Full Name (Last, First, Middle In	itial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:		,	-	
3. Full Name (Last, First, Middle In	itial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:		,		
4. Full Name (Last, First, Middle In	itial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (o	pptional)				7 7	0.00	
FOTALS This Period (last page in this	line only)				7 7		
Carry outstanding balance only to LI	NE 3. Schedule D.	for this line. If r	no Schedule D. carr	v forward	to appropriate li	ne of Summa	arv.

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.4731

(Current loan amount of 81835.00 from a balance of 81835.00 has been forgiven)

#### SCHEDULE C (FEC Form 3) L

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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LC	DANS		Detailed Summary Pa		
	AME OF COMMITTEE (In Full) RIENDS OF NAN HAYWORTH		Transa	action ID : SC/10.4782	
	LOAN SOURCE Full Name (Last, First, MAN HAYWORTH  Mailing Address	fiddle Initial)	Memo Item	Election: 2012  Primary  General  Other (specify) ▼	
	PO BOX 394				
	FISHKILL	State ZIP Cod NY 12524	de		
	Original Amount of Loan	Cumulative Payment To	Date Bala	lance Outstanding at Close of This Pe	riod
	Date Incurred  M 12		Interest Rat ĎEMANĎ 0.	% (apr)	No
	List All Endorsers or Guarantors (if any)  1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer		
	Mailing Address		Occupation		
	City State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9 9 9	
	2. Full Name (Last, First, Middle Initial)		Name of Employer		
	Mailing Address		Occupation		
	City State	ZIP Code	Amount Guaranteed Outstanding:	7	
	3. Full Name (Last, First, Middle Initial)		Name of Employer		
	Mailing Address		Occupation		
	City State	ZIP Code	Amount Guaranteed Outstanding:	9 9	
	4. Full Name (Last, First, Middle Initial)		Name of Employer		
	Mailing Address		Occupation		
	City State	ZIP Code	Amount Guaranteed Outstanding:	7	
т	COTALS This Period This Page (optional	nly)	······	0.00	]
	Carry outstanding balance only to LINE 3. S	chadula D for this line If i	no Schedule D. carry for	rward to appropriate line of Summar	v

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.4782

(Current loan amount of 10033.45 from a balance of 10033.45 has been forgiven)

#### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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×	13a
	13h

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(check only one) Detailed Summary Page Transaction ID: SC/10.4783 NAME OF COMMITTEE (In Full) FRIENDS OF NAN HAYWORTH LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary NAN HAYWORTH ★ General Mailing Address Other (specify) PO BOX 394 City State ZIP Code NY 12524 **FISHKILL** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 63500.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>D</sup>21 <sup>D</sup> <sup>M</sup> 12<sup>M</sup> Ž012 DŮE ỞN % (apr) DEMAND No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H + CB

Form/Schedule: SC/10 Transaction ID: SC/10.4783

(Current loan amount of 63500.00 from a balance of 63500.00 has been forgiven)

### SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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×	13a
	13b

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Transaction ID: SC/10.5187 NAME OF COMMITTEE (In Full) FRIENDS OF NAN HAYWORTH LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2012 Memo Item Primary NAN HAYWORTH ★ General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 394 City State ZIP Code NY 12524 **FISHKILL** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 50000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>M</sup> 04<sup>M</sup> <sup>D</sup>22 2013 DŮE ỞN % (apr) DEMAND No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SC/10 Transaction ID: SC/10.5187

(Current loan amount of 50000.00 from a balance of 50000.00 has been forgiven)

#### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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×	13a
	13b

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Detailed Summary Page Transaction ID: SC/10.14516 NAME OF COMMITTEE (In Full) FRIENDS OF NAN HAYWORTH LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2014 Memo Item Primary NAN HAYWORTH General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 394 City State ZIP Code NY 12524 **FISHKILL** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 8527.39 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>M</sup> 09<sup>M</sup> <sup>D</sup>30 2013 DŮE ỞN % (apr) DEMAND No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10

Transaction ID : SC/10.14516

(Current loan amount of 8527.39 from a balance of 8527.39 has been forgiven)

## SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

LOAITO	Detailed Summary Page 13b			
NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.16432			
FRIENDS OF NAN HAYWORTH				
LOAN SOURCE Full Name (Last, First, Middle Initial)	PERSONAL FUNDS] Memo Item Election: 2014			
NAN HAYWORTH	Primary			
TAN HAT WORTH	General			
Mailing Address PO BOX 394	Other (specify) ▼			
City State	ZIP Code			
FISHKILL NY	12524			
Original Amount of Loan Cumulativ	re Payment To Date Balance Outstanding at Close of This Period			
500000.00	31990.65			
TERMS  Date Incurred	Date Due Interest Rate Secured:			
M 06 <sup>M</sup> / D 30 D / Y 2014 Y M M /	Date Due Interest Hate Section.			
06 30 2014	DUE ON DEMAND % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan So				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Cod	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Cod	e Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Cod	e Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Cod	e Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding halance only to LINE 3. Schedule D. fr	or this line. If no Schedule D. carry forward to appropriate line of Summary.			

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SC/10

Transaction ID : SC/10.16432

(Current loan amount of 468009.35 from a balance of 468009.35 has been forgiven)