FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Friends of Nan Hayworth

ADDRESS (number and street) ▼ P.O. Box 394

☐ Check if different than previously reported. (ACC)

CITY ▲ Fishkill | STATE ▲ NY | ZIP CODE ▲ 12524 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00466490

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

STATE ▼ DISTRICT: NY 18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 10 / 01 / 2013 through 12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Jahns

Signature of Treasurer *Kevin Jahns* ***[Electronically Filed]*** Date 04 / 07 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Nan Hayworth

Report Covering the Period: From: 10 / 01 / 2013 To: 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	87080.84	570265.49
(b) Total Contribution Refunds (from Line 20(d))	0.00	6100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	87080.84	564165.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31512.33	299215.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	10959.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	31512.33	288256.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	496188.73	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	670468.81	

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)

Write or Type Committee Name

Friends of Nan Hayworth

Report Covering the Period: From: 10 / 01 / 2013 To: 12 / 31 / 2013

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)	29500.00	483020.23
(ii) Unitemized	350.00	2749.99
(iii) TOTAL of contributions from individuals ▶	29850.00	485770.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	7000.00	34264.43
(d) The Candidate	50230.84	50230.84
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	87080.84	570265.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	148.81
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	132060.84
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	132060.84
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	10959.74
15. OTHER RECEIPTS (Dividends, Interest, etc.)	36.20	50.57
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	87117.04	713485.45

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	31512.33	299215.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	63500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	63500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	6100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	6100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	31512.33	368815.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	440584.02
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	87117.04
25. SUBTOTAL (add Line 23 and Line 24)	527701.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	31512.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	496188.73

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3A**
Transaction ID :

This amendment is in response to the FEC request for information regarding YEAR-END REPORT (10/01/2013 - 12/31/2013). The typographical error in the calculations for loans on schedule c and the summary page have been corrected.

Form/Schedule:
Transaction ID:

Image# 14960609062

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
PETER APPEL
Mailing Address 77 OREGON ROAD
City: BEDFORD CORNERS | State: NY | Zip Code: 10549-4707
FEC ID number of contributing federal political committee: C
Name of Employer: AEOLUS CAPITAL MANAGEMENT, LLC
Occupation: CHAIRMAN
Receipt For: 2014
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 5200.00

Date of Receipt: 12 / 27 / 2013
Transaction ID : SA11.8338
Amount of Each Receipt this Period: 5200.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
PETER APPEL
Mailing Address 77 OREGON ROAD
City: BEDFORD CORNERS | State: NY | Zip Code: 10549-4707
FEC ID number of contributing federal political committee: C
Name of Employer: AEOLUS CAPITAL MANAGEMENT, LLC
Occupation: CHAIRMAN
Receipt For: 2014
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 5200.00

Date of Receipt: 12 / 27 / 2013
Transaction ID : SA11.8338B
Amount of Each Receipt this Period: -2600.00
CONTRIBUTION
[MEMO ITEM]
REDESIGNATION TO GENERAL

C.
Full Name (Last, First, Middle Initial)
PETER APPEL
Mailing Address 77 OREGON ROAD
City: BEDFORD CORNERS | State: NY | Zip Code: 10549-4707
FEC ID number of contributing federal political committee: C
Name of Employer: AEOLUS CAPITAL MANAGEMENT, LLC
Occupation: CHAIRMAN
Receipt For: 2014
☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 5200.00

Date of Receipt: 12 / 27 / 2013
Transaction ID : SA11.8370
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION
[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) 5200.00

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

Image# 14960609063

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
RANDEE HOROWITZ BANK
Mailing Address 38 SANDS ST.
City: MOUNT KISCO | State: NY | Zip Code: 10549-1323
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: UNEMPLOYED
Receipt For: 2014 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8357
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
CATHERINE BIDDLE
Mailing Address 53 ELMWOOD ROAD
City: SOUTH SALEM | State: NY | Zip Code: 10590-1918
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: UNEMPLOYED
Receipt For: 2014 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8354
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
MR. DANIEL G. BIRMINGHAM
Mailing Address P.O. BOX 244
City: BREWSTER | State: NY | Zip Code: 10509-0244
FEC ID number of contributing federal political committee: C
Name of Employer: HAWKINS AND ASSOCIATES
Occupation: ATTORNEY
Receipt For: 2014 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8351
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 2000.00

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

Image# 14960609064

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
KEVIN BOYLE
Mailing Address 82 EAST RIDGE ROAD
City: WACCABUC | State: NY | Zip Code: 10597-1201
FEC ID number of contributing federal political committee: C
Name of Employer: EAST RIDGE INVESTMENTS, LLC
Occupation: INVESTOR
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8343
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
GREGORY BRONNER
Mailing Address 149 WEST 136TH ST.
City: NEW YORK | State: NY | Zip Code: 10030-2600
FEC ID number of contributing federal political committee: C
Name of Employer: BLOOMBERG
Occupation: RESEARCH & DEVELOPMENT
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8344
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
JOSEPH E. CARVIN JR.
Mailing Address 55 HILLANDALE RD
City: RYE BROOK | State: NY | Zip Code: 10573-1704
FEC ID number of contributing federal political committee: C
Name of Employer: ALTIMA PARTNERS
Occupation: PARTNER AND INVESTMENT ADVISOR
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8353
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 2250.00

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

Image# 14960609065

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
TRIA L. CLINE
Mailing Address 2707 YORK COURT
City: SOUTHLAKE | State: TX | Zip Code: 76092-8871
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: HOMEMAKER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 12 / 29 / 2013
Transaction ID : SA11.8340
Amount of Each Receipt this Period: 2000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
INGRID A. CONNOLLY
Mailing Address P.O. BOX 97
City: WACCABUC | State: NY | Zip Code: 10597-0097
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: HOMEMAKER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 700.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8350
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
DR. FRANCIS J. CROSSON JR.
Mailing Address 1491 HAMILTON AVENUE
City: PALO ALTO | State: CA | Zip Code: 94301-3125
FEC ID number of contributing federal political committee: C
Name of Employer: AMERICAN MEDICAL ASSOCIATION
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 27 / 2013
Transaction ID : SA11.8339
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
HARVEY P. EISEN
Mailing Address 100 S. BEDFORD ROAD
City: MOUNT KISCO | State: NY | Zip Code: 10549-3425
FEC ID number of contributing federal political committee: C
Name of Employer: BEDFORD OAKS ADVISORS, LLC
Occupation: INVESTOR
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8347
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
DR. MOHAMED ELMOUSELY
Mailing Address 14 SUNRISE TERRACE
City: LAGRANGEVILLE | State: NY | Zip Code: 12540-6615
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH AMERICAN PARTNERS IN ANESTHE:
Occupation: ANESTHESIOLOGIST
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8355
Amount of Each Receipt this Period: 1500.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
DR. SIMINA MARIA FARCASIU
Mailing Address 250 SCUDDERS LANE
City: ROSLYN | State: NY | Zip Code: 11576-1038
FEC ID number of contributing federal political committee: C
Name of Employer: BELSTAR HOLDINGS
Occupation: PORTFOLIO MANAGER
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 06 / 2013
Transaction ID : SA11.8274
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3000.00

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

Image# 14960609067

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
EDMUND GEISINGER
Mailing Address 473 GUARD HILL RD
City: BEDFORD | State: NY | Zip Code: 10506-1044
FEC ID number of contributing federal political committee: C
Name of Employer: SELF | Occupation: REALTOR
Receipt For: 2014 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 750.00

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11.8336
Amount of Each Receipt this Period: 750.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
HOWARD GODEL
Mailing Address 236 SARLES STREET
City: MOUNT KISCO | State: NY | Zip Code: 10549-4734
FEC ID number of contributing federal political committee: C
Name of Employer: SELF | Occupation: ART DEALER
Receipt For: 2014 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8345
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
DR. RICHARD P. GOLDMANN
Mailing Address 55 ROMBOUT ROAD
City: POUGHKEEPSIE | State: NY | Zip Code: 12603-6216
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH AMERICAN PARTNERS IN ANESTHE | Occupation: ANESTHESIOLOGIST
Receipt For: 2014 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8352
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 2000.00

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

Image# 14960609068

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
DR. LEWIS KOHL
Mailing Address 279 HAWLEY ROAD
City: NORTH SALEM | State: NY | Zip Code: 10560-2603
FEC ID number of contributing federal political committee: C
Name of Employer: MOUNT KISCO MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 12 / 29 / 2013
Transaction ID : SA11.8342
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
ROBBIN LAWSON
Mailing Address 2301 SPANISH RIVER RD
City: BOCA RATON | State: FL | Zip Code: 33432-8515
FEC ID number of contributing federal political committee: C
Name of Employer: NONE
Occupation: HOUSEWIFE
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2600.00

Date of Receipt: 12 / 19 / 2013
Transaction ID : SA11.8333
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
DR. HARVEY H. LEDERMAN
Mailing Address 8 BRENTWOOD DRIVE
City: POUGHKEEPSIE | State: NY | Zip Code: 12603-5407
FEC ID number of contributing federal political committee: C
Name of Employer: MOUNT KISCO MEDICAL GROUP
Occupation: OBSTETRICIAN-GYNECOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2500.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8348
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 4100.00

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

Image# 14960609069

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
DR. STEPHEN LEONARD
Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE
City: ATLANTA | State: GA | Zip Code: 30350-1085
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 29 / 2013
Transaction ID : SA11.8341
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
DR. RYAN E. LESH
Mailing Address 7423 SOUTH BROADWAY
City: RED HOOK | State: NY | Zip Code: 12571-1747
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH AMERICAN PARTNERS IN ANESTHE
Occupation: ANESTHESIOLOGIST
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11.8334
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
CARLYN MCCAFFREY
Mailing Address P.O. BOX 232
City: WACCABUC | State: NY | Zip Code: 10597-0232
FEC ID number of contributing federal political committee: C
Name of Employer: MCDERMOTT, WILL & EMERY LLP
Occupation: ATTORNEY
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 01 / 2013
Transaction ID : SA11.8273
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1750.00

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

Image# 14960609070

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
MARYANN MILLAR
Mailing Address 5171 POINTE EAST DRIVE
City: JAMESVILLE State: NY Zip Code: 13078-8730
FEC ID number of contributing federal political committee. C
Name of Employer: ST. JOSEPH'S MEDICAL PC
Occupation: PHYSICIAN
Receipt For: 2014 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 27 / 2013
Transaction ID : SA11.8330
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
DR. DAVID W. MILLER
Mailing Address 23 EVERGREEN ROW
City: ARMONK State: NY Zip Code: 10504-2209
FEC ID number of contributing federal political committee. C
Name of Employer: NORTHERN WESTCHESTER ANESTHESIA
Occupation: ANESTHESIOLOGIST
Receipt For: 2014 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2600.00

Date of Receipt: 12 / 26 / 2013
Transaction ID : SA11.8337
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
DR. MICHAEL B. SIMON
Mailing Address 35 GELLATLY DRIVE
City: WAPPINGERS FALLS State: NY Zip Code: 12590-6452
FEC ID number of contributing federal political committee. C
Name of Employer: NORTH AMERICAN PARTNERS IN ANESTHE
Occupation: ANESTHESIOLOGIST
Receipt For: 2014 [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8356
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3100.00

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

Image# 14960609071

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
EDMUND F. TAYLOR
Mailing Address 96 CLIFFIELD ROAD
City: BEDFORD | State: NY | Zip Code: 10506-1208
FEC ID number of contributing federal political committee: C
Name of Employer: CREDIT SUISSE
Occupation: INVESTMENT BANKER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2600.00

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11.8335
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
[ ] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
[ ] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2600.00

TOTAL This Period (last page this line number only) 29500.00

Image# 14960609072

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
TRUTH, ACCOUNTABILITY AND COURAGE PAC (TACPAC)
Mailing Address 228 SOUTH WASHINGTON STREET, SUITE
City: ALEXANDRIA State: VA Zip Code: 22314-5404
FEC ID number of contributing federal political committee: C C00413070
Name of Employer
Occupation
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8358
Amount of Each Receipt this Period: 2000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
VALUE IN ELECTING WOMEN PAC
Mailing Address 701 8TH STREET, N.W., #500
City: WASHINGTON State: DC Zip Code: 20001-3965
FEC ID number of contributing federal political committee: C C00327189
Name of Employer
Occupation
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 5000.00

Date of Receipt: 12 / 19 / 2013
Transaction ID : SA11.8346
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 7000.00

TOTAL This Period (last page this line number only) 7000.00

Image# 14960609073

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
HON. NAN HAYWORTH M.D.
Mailing Address 214 MCLAIN STREET
City: BEDFORD CORNERS | State: NY | Zip Code: 10549-4931
FEC ID number of contributing federal political committee: C C00466490
Name of Employer: SELF | Occupation: CANDIDATE
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 50230.84

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8359
Amount of Each Receipt this Period: 4000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
HON. NAN HAYWORTH M.D.
Mailing Address 214 MCLAIN STREET
City: BEDFORD CORNERS | State: NY | Zip Code: 10549-4931
FEC ID number of contributing federal political committee: C C00466490
Name of Employer: SELF | Occupation: CANDIDATE
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 50230.84

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8360
Amount of Each Receipt this Period: 37000.00
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
HON. NAN HAYWORTH M.D.
Mailing Address 214 MCLAIN STREET
City: BEDFORD CORNERS | State: NY | Zip Code: 10549-4931
FEC ID number of contributing federal political committee: C C00466490
Name of Employer: SELF | Occupation: CANDIDATE
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 50230.84

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8361
Amount of Each Receipt this Period: 2611.16
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 43611.16

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

Image# 14960609074

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
HON. NAN HAYWORTH M.D.
Mailing Address 214 MCLAIN STREET
City: BEDFORD CORNERS | State: NY | Zip Code: 10549-4931
FEC ID number of contributing federal political committee: C C00466490
Name of Employer: SELF | Occupation: CANDIDATE
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 50230.84

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8362
Amount of Each Receipt this Period: 4616.08
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
HON. NAN HAYWORTH M.D.
Mailing Address 214 MCLAIN STREET
City: BEDFORD CORNERS | State: NY | Zip Code: 10549-4931
FEC ID number of contributing federal political committee: C C00466490
Name of Employer: SELF | Occupation: CANDIDATE
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 50230.84

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA11.8363
Amount of Each Receipt this Period: 2003.60
CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 6619.68

TOTAL This Period (last page this line number only) 50230.84

Image# 14960609075

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
WELLS FARGO
Mailing Address 41 S. MOGER AVENUE
City: MOUNT KISCO | State: NY | Zip Code: 10549
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1160.90

Date of Receipt: 10 / 31 / 2013
Transaction ID : SA15.1866
Amount of Each Receipt this Period: 0.07
INTEREST EARNED

INTEREST EARNED

B.
Full Name (Last, First, Middle Initial)
WELLS FARGO
Mailing Address 41 S. MOGER AVENUE
City: MOUNT KISCO | State: NY | Zip Code: 10549
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1160.90

Date of Receipt: 11 / 30 / 2013
Transaction ID : SA15.1873
Amount of Each Receipt this Period: 0.06
INTEREST EARNED

INTEREST EARNED

C.
Full Name (Last, First, Middle Initial)
WELLS FARGO
Mailing Address 41 S. MOGER AVENUE
City: MOUNT KISCO | State: NY | Zip Code: 10549
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1160.90

Date of Receipt: 12 / 31 / 2013
Transaction ID : SA15.1874
Amount of Each Receipt this Period: 0.07
INTEREST EARNED

INTEREST EARNED

SUBTOTAL of Receipts This Page (optional) 0.20

TOTAL This Period (last page this line number only) 0.20

Image# 14960609076

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NAN HAYWORTH

Mailing Address P.O. BOX 189

City: MOUNT KISCO | State: NY | Zip Code: 10549

Purpose of Disbursement: EXPENSE REIMBURSEMENT: SEE BELOW

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 31 / 2013

Amount of Each Disbursement this Period: 9728.36

Transaction ID : SB17.I1886

EXPENSE REIMBURSEMENT: SEE BELOW

B. Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 5055 SEMINARY ROAD, #612

City: ALEXANDRIA | State: VA | Zip Code: 22311

Purpose of Disbursement: MEMO: CREDIT CARD PROCESSING FEE

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 29 / 2013

Amount of Each Disbursement this Period: 588.00

Transaction ID : SB17.I1888

[MEMO ITEM]
MEMO: CREDIT CARD PROCESSING FEE

C. Full Name (Last, First, Middle Initial)
FACEBOOK ADVERTISING USA

Mailing Address 156 UNIVERSITY AVE.

City: PALO ALTO | State: CA | Zip Code: 94301

Purpose of Disbursement: MEMO: ADVERTISING

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 31 / 2013

Amount of Each Disbursement this Period: 9140.36

Transaction ID : SB17.I1887

[MEMO ITEM]
MEMO: ADVERTISING

SUBTOTAL of Disbursements This Page (optional) 9728.36

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

Image# 14960609077

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS SETTLEMENT

Mailing Address P.O. BOX 53852

City: PHOENIX State: AZ Zip Code: 85072

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 05 / 2013

Amount of Each Disbursement this Period: 1473.83

Transaction ID : SB17.I1869

CREDIT CARD PROCESSING FEE

B.
Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS SETTLEMENT

Mailing Address P.O. BOX 53852

City: PHOENIX State: AZ Zip Code: 85072

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 07 / 2013

Amount of Each Disbursement this Period: 328.39

Transaction ID : SB17.I1870

CREDIT CARD PROCESSING FEE

C.
Full Name (Last, First, Middle Initial)
BSB SOLUTIONS

Mailing Address 3538 SOUTH WAKEFIELD ST.

City: ARLINGTON State: VA Zip Code: 22206

Purpose of Disbursement: COMPLIANCE SERVICES

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 07 / 2013

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.I1829

COMPLIANCE SERVICES

SUBTOTAL of Disbursements This Page (optional) 5802.22

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

Image# 14960609078

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
BSB SOLUTIONS
Mailing Address 3538 SOUTH WAKEFIELD ST.
City: ARLINGTON State: VA Zip Code: 22206
Purpose of Disbursement: COMPLIANCE SERVICES: SEE BELOW
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 03 / 2013
Amount of Each Disbursement this Period: 4009.20
Transaction ID : SB17.I1876
COMPLIANCE SERVICES: SEE BELOW

B.
Full Name (Last, First, Middle Initial)
BSB SOLUTIONS
Mailing Address 3538 SOUTH WAKEFIELD ST.
City: ARLINGTON State: VA Zip Code: 22206
Purpose of Disbursement: MEMO: COMPLIANCE SERVICES
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 03 / 2013
Amount of Each Disbursement this Period: 4000.00
Transaction ID : SB17.I1877
[MEMO ITEM]
MEMO: COMPLIANCE SERVICES

C.
Full Name (Last, First, Middle Initial)
CMDI
Mailing Address 5055 SEMINARY ROAD, #612
City: ALEXANDRIA State: VA Zip Code: 22311
Purpose of Disbursement: CAMPAIGN SOFTWARE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 07 / 2013
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.I1828
CAMPAIGN SOFTWARE

SUBTOTAL of Disbursements This Page (optional) 4809.20

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

Image# 14960609079

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 5055 SEMINARY ROAD, #612

City: ALEXANDRIA State: VA Zip Code: 22311

Purpose of Disbursement: CAMPAIGN SOFTWARE

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 30 / 2013

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I1879

CAMPAIGN SOFTWARE

B. Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 5055 SEMINARY ROAD, #612

City: ALEXANDRIA State: VA Zip Code: 22311

Purpose of Disbursement: CAMPAIGN SOFTWARE

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 03 / 2013

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I1880

CAMPAIGN SOFTWARE

C. Full Name (Last, First, Middle Initial)
CONSERVATIVE PARTY OF NEW YORK STATE

Mailing Address 486 78TH STREET

City: BROOKLYN State: NY Zip Code: 11209

Purpose of Disbursement: RECEPTION SPONSORSHIP FEE

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 01 / 2013

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.I1889

RECEPTION SPONSORSHIP FEE

SUBTOTAL of Disbursements This Page (optional) 6600.00

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

Image# 14960609080

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
MERCHANT SERVICES
Mailing Address 7300 CHAPMAN HIGHWAY
City: KNOXVILLE State: TN Zip Code: 37920
Purpose of Disbursement: CREDIT CARD PROCESSING FEES
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00
Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 02 / 2013
Amount of Each Disbursement this Period: 94.24
Transaction ID : SB17.I1867
CREDIT CARD PROCESSING FEES

B.
Full Name (Last, First, Middle Initial)
MERCHANT SERVICES
Mailing Address 7300 CHAPMAN HIGHWAY
City: KNOXVILLE State: TN Zip Code: 37920
Purpose of Disbursement: CREDIT CARD PROCESSING FEE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00
Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 01 / 2013
Amount of Each Disbursement this Period: 332.22
Transaction ID : SB17.I1868
CREDIT CARD PROCESSING FEE

C.
Full Name (Last, First, Middle Initial)
MERCHANT SERVICES
Mailing Address 7300 CHAPMAN HIGHWAY
City: KNOXVILLE State: TN Zip Code: 37920
Purpose of Disbursement: CREDIT CARD PROCESSING FEE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00
Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 01 / 2013
Amount of Each Disbursement this Period: 433.59
Transaction ID : SB17.I1871
CREDIT CARD PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional) 860.05

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

Image# 14960609081

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PAYCHEX

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City: FISHKILL | State: NY | Zip Code: 12524

Purpose of Disbursement: PAYROLL EXPENSE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 10 / 10 / 2013

Amount of Each Disbursement this Period: 49.00

Transaction ID : SB17.I1834

PAYROLL EXPENSE

B. Full Name (Last, First, Middle Initial)
RED PILLAR CONSULTING LLC

Mailing Address P.O. BOX 172

City: WARWICK | State: NY | Zip Code: 10990

Purpose of Disbursement: MEDIA CONSULTING SERVICES

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 12 / 05 / 2013

Amount of Each Disbursement this Period: 3500.00

Transaction ID : SB17.I1882

MEDIA CONSULTING SERVICES

C. Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address 41 S. MOGER AVENUE

City: MOUNT KISCO | State: NY | Zip Code: 10549

Purpose of Disbursement: SERVICE CHARGE

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 10 / 31 / 2013

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.I1865

SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional) 3569.00

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

Image# 14960609082

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A.
Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address 41 S. MOGER AVENUE

City: MOUNT KISCO | State: NY | Zip Code: 10549

Purpose of Disbursement: SERVICE CHARGE

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 30 / 2013

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.I1872

SERVICE CHARGE

B.
Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address 41 S. MOGER AVENUE

City: MOUNT KISCO | State: NY | Zip Code: 10549

Purpose of Disbursement: SERVICE CHARGE

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District: 00

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 31 / 2013

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.I1875

SERVICE CHARGE

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 40.00

TOTAL This Period (last page this line number only) 31408.83

Image# 14960609083

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 14

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

City: Mount Kisco | State: NY | ZIP Code: 10549

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

PRIMARY 2010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	48000.00	62000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
09 / 26 / 2009	due on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	62000.00
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.

Image# 14960609084

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 15

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

City: Mount Kisco | State: NY | ZIP Code: 10549

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

PRIMARY 2010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
09 / 30 / 2009	due on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 40000.00

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.

Image# 14960609085

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 16

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

City: Mount Kisco | State: NY | ZIP Code: 10549

Election: 2010
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

PRIMARY 2010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
12 / 31 / 2009	due on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 100000.00

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.

Image# 14960609086

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 28

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

City: Mount Kisco | State: NY | ZIP Code: 10549

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼ GENERAL 2010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	15500.00	134500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate	Secured:
03/31/2010	due on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 134500.00

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.

Image# 14960609087

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 30

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

City: Mount Kisco | State: NY | ZIP Code: 10549

Election: 2010
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼ GENERAL 2010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate	Secured:
06/30/2010	due on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 100000.00

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.

Image# 14960609088

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 32

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

City: Mount Kisco | State: NY | ZIP Code: 10549

Election: 2012
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼ GENERAL 2012

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate	Secured:
10/29/2012	due on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 100000.00

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.

Image# 14960609089

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : AC 35

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

City: Mount Kisco | State: NY | ZIP Code: 10549

Election: 2012
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼ General - 2012

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10033.45	0.00	10033.45

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
12 / 18 / 2012	on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10033.45
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.

Image# 14960609090

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 33

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

City: Mount Kisco | State: NY | ZIP Code: 10549

Election: 2012
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

General - 2012

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
63500.00	0.00	63500.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due	Interest Rate	Secured:
12 / 21 / 2012	due on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	63500.00
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.

Image# 14960609091

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 34

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 394

City: Fishkill | State: NY | ZIP Code: 12524

Election: 2012
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

General - 2012

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due	Interest Rate	Secured:
04/22/2013	due on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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.

Image# 14960609092

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 35

LOAN SOURCE Full Name (Last, First, Middle Initial)
Nan Hayworth

Mailing Address
PO Box 394

City: Fishkill | State: NY | ZIP Code: 12524

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Primary - 2014

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8527.39	0.00	8527.39

TERMS

Date Incurred (MM/DD/YYYY)	Date Due	Interest Rate	Secured:
09/30/2013	due on demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	8527.39
TOTALS This Period (last page in this line only) ▶	668560.84

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 14960609093

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [X] 10

NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cablevision

Mailing Address P.O. Box 9256

City Chelsea | State MA | Zip Code 02150

Nature of Debt (Purpose): Cable Television

Transaction ID : 3

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
149.33	0.00	0.00	149.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Campaign Solutions

Mailing Address 117 North Saint AsaphStreet

City Alexandria | State VA | Zip Code 22314

Nature of Debt (Purpose): online fundraising / web hosting

Transaction ID : 4

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1758.84	0.00	0.00	1758.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Management Companies

Mailing Address 78 North STate Road

City Briarcliff Manor | State NY | Zip Code 10510

Nature of Debt (Purpose): rent

Transaction ID : 8

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1000.00	0.00	0.00	0.00

1) **SUBTOTALS** This Period This Page (optional) ▶	1907.97
2) **TOTALS** This Period (last page this line number only) ▶	1907.97
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	668560.84
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	670468.81