

**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 188

Check if different
than previously
reported. (ACC)

Carmel

NY

10512

2. FEC IDENTIFICATION NUMBER ▼

C

C00466490

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

19

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

M M / D D / Y Y Y Y

01 / 01 / 2012

through

M M / D D / Y Y Y Y

03 / 31 / 2012

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 Mr. Kevin Jahns

Signature of Treasurer

Mr. Kevin Jahns

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07 / 03 / 2012

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**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 135

Write or Type Committee Name

Friends of Nan Hayworth

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	2

	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))....	291614.00	1639650.37
(b) Total Contribution Refunds (from Line 20(d))	5200.00	8871.90
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	286414.00	1630778.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	126119.47	521764.13
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	351.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	126119.47	521412.73
8. Cash on Hand at Close of Reporting Period (from Line 27)	1271282.13	
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)	500000.00	

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

PAGE 3 / 135

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Nan Hayworth

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	2

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).....

141039.00

827946.22

(ii) Unitemized.....

11476.00

44740.37

(iii) TOTAL of contributions from individuals ▶

152515.00

872686.59

(b) Political Party Committees.....

0.00

5000.00

(c) Other Political Committees (such as PACs).....

139099.00

761963.78

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

291614.00

1639650.37

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

2885.81

73347.15

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

351.40

15. OTHER RECEIPTS (Dividends, Interest, etc.)

439.90

846.08

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

294939.71

1714195.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 135

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	126119.47	521764.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	5200.00	8645.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	226.90
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5200.00	8871.90
21. OTHER DISBURSEMENTS	0.00	15000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	131319.47	545636.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1107661.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	294939.71
25. SUBTOTAL (add Line 23 and Line 24).....	1402601.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	131319.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1271282.13

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFH'ZG7 <98I @ 'CF' +H9A-N5H-CB

Form/Schedule: F3A

Transaction ID :

July 5, 2012 Jill Sugarman Senior Campaign Finance & Reviewing Analyst Reports Analysis Division Identification Number: C00466490 Reference: Amended April Quarterly Report (01/01/2012 - 03/31/2012) Dear Ms. Sugarman This letter is in response to your inquiry dated May 30, 2012 requesting additional information and clarification on four separate items. 1)The Committee incorrectly attributed contributions from Investment Company Institute, Koch Industries, and The Home Depot Pac to the primary 2012 election. These contributions have been corrected to reflect the original intent of the contributor to donate towards the general 2012 election as noted on the check and/or accompanying paperwork. The Committee has refunded Carol Klang \$2,500 for her 3/7/12 contribution that put her over the allowable limit. Once the Committee realized this error, the overage was refunded. Steps have been taken to assure the Committee avoids similar duplicate entries in our software in the future. A copy of the refund check was sent with a copy of this letter certified mail to the FEC on July 5, 2012. 2)The Committee has taken steps to ensure the contribution received from the political committee not registered with the Commission was made using permissible funds. The signed statement from a representative of Grassy Sprain PAC along with a copy of this letter was sent certified mail to the FEC July 5, 2012. 3)Schedule B supporting Line 17 of the Committee's report has amended the description political consulting to more accurately reflect the disbursement as political strategy consulting. 4)Schedule D, supporting Line 9 has been corrected to disclose the debts owed BY the committee to Scott D Hayworth, Executive Star and The Townsend Group totaling \$12,709.95 in Line 10, as opposed to the previously incorrectly reported Line 9, debts owed TO the committee. Sincerely, Kevin Jahns, Treasurer 703-798-1802

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

Full Name (Last, First, Middle Initial)

SHAWN L. AUCHMOODY**A.**

Mailing Address 11 ROBINSON LANE

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

A.S.O. LIMOUSINE SERVICE, INC.

Occupation

OWNER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.5012

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANN P. BARBERA**B.**

Mailing Address 138 WILMONT COURT

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5094

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM F. BARTELS**C.**

Mailing Address 5 N. PAYNE ST.

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing
federal political committee.

C

Name of Employer

TANTO IRRIGATION

Occupation

PRESIDENT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.5014

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1450.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. JONATHAN A. BATH

Mailing Address 54 STONEHOUSE RD.

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

PILKINGTON & LEGGETT

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4983

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SANDRA BEATY

Mailing Address 240 WINDING WAY

City

MOUNT JULIET

State

TN

Zip Code

37122

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4969

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL BERGSTEIN

Mailing Address 358 N. BROADWAY

City

SLEEPY HOLLOW

State

NY

Zip Code

10591

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT AND ALLERGY ASSOCIATES

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2012

Transaction ID : SA11.4630

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 8 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MICHAEL BERGSTEIN

A.

Mailing Address 358 N. BROADWAY

City

SLEEPY HOLLOW

State

NY

Zip Code

10591

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENT AND ALLERGY ASSOCIATES

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2012

Transaction ID : SA11.4833

Amount of Each Receipt this Period

800.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DANIEL G. BIRMINGHAM

B.

Mailing Address P.O. BOX 244

City

BREWSTER

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAWKINS AND ASSOCIATES

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4986

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SUSAN BISHOP

C.

Mailing Address 628 WEST ROAD

City

NEW CANAAN

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2012

Transaction ID : SA11.4876

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

5300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 9 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

SUSAN BISHOP

A.

Mailing Address 628 WEST ROAD

City

NEW CANAAN

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		28		2012

Transaction ID : SA11.4876B

Amount of Each Receipt this Period

-1500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

SUSAN BISHOP

B.

Mailing Address 628 WEST ROAD

City

NEW CANAAN

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		28		2012

Transaction ID : SA11.5064

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

KIMBERLY A. BOTTINI

C.

Mailing Address 19 REED ROAD

City

NEW HAMBURG

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5190

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

KIMBERLY A. BOTTINI**A.**

Mailing Address 19 REED ROAD

City

NEW HAMBURG

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5190B

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

KIMBERLY A. BOTTINI**B.**

Mailing Address 19 REED ROAD

City

NEW HAMBURG

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5218

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

MR. MARK J. BOTTINI**C.**

Mailing Address 19 REEN ROAD

City

NEW HAMBURG

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOTTINI FUEL

Occupation

PRESIDENT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5183

Amount of Each Receipt this Period

4790.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. MARK J. BOTTINI**A.**

Mailing Address 19 REEN ROAD

City

NEW HAMBURG

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOTTINI FUEL

Occupation

PRESIDENT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5183B

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

MR. MARK J. BOTTINI**B.**

Mailing Address 19 REEN ROAD

City

NEW HAMBURG

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOTTINI FUEL

Occupation

PRESIDENT

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5220

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

DAVID L. BRONSON**C.**

Mailing Address 70 OLD PLANK LANE

City

MORELAND HILLS

State

OH

Zip Code

44022

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEVELAND CLINIC

Occupation

PHYSICIAN/EXECUTIVE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		06		2012

Transaction ID : SA11.4632

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

ED BROWN**A.**

Mailing Address 805 59TH STREET

City

WEST DES MOINES

State

IA

Zip Code

50266

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE IOWA CLINIC, P.C.

Occupation

C.E.O.

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2012

Transaction ID : SA11.4879

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JUDY BUKOSKY**B.**

Mailing Address 5302 SUMMERWOOD DRIVE

City

TEMPLE

State

TX

Zip Code

76502

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5083

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KEVIN CALLAGHAN**C.**

Mailing Address 13 HASBROUCK DRIVE

City

POUGHKEEPSIE

State

NY

Zip Code

12603

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARIST COLLEGE

Occupation

PROFESSOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5106

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 13 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

KIRSTEN AXELSEN CARMEL

A.

Mailing Address 252 7TH AVENUE, APT. 18E

City

NEW YORK

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4973

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NICOLAS CHASE

B.

Mailing Address 32 STAPLETON COURT

City

MIDDLETOWN

State

NY

Zip Code

10940

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENTERGY

Occupation

NUCLEAR PLANT OPERATOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		11		2012

Transaction ID : SA11.4662

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NICOLAS CHASE

C.

Mailing Address 32 STAPLETON COURT

City

MIDDLETOWN

State

NY

Zip Code

10940

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENTERGY

Occupation

NUCLEAR PLANT OPERATOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		04		2012

Transaction ID : SA11.4913

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 14 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

THE CHICKASAW NATION

A.

Mailing Address 2020 LONNIE ABBOTT BLVD.

City

ADA

State

OK

Zip Code

74820

FEC ID number of contributing
federal political committee.

C

Name of Employer

NATIVE AMERICAN TRIBE

Occupation

NATIVE AMERICAN TRIBE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2012

Transaction ID : SA11.4875

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PATRICK B. CLINE

B.

Mailing Address 2707 YORK COURT

City

SOUTHLAKE

State

TX

Zip Code

76092

FEC ID number of contributing
federal political committee.

C

Name of Employer

QUALITY SYSTEMS, INC.

Occupation

EXECUTIVE

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		29		2012

Transaction ID : SA11.5080

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PATRICK B. CLINE

C.

Mailing Address 1500 CHESTNUT STREET, #20H

City

PHILADELPHIA

State

PA

Zip Code

19102

FEC ID number of contributing
federal political committee.

C

Name of Employer

NESTGEN HEALTHCARE

Occupation

SALES EXECUTIVE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5151

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 15 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

PATRICK B. CLINE

A.

Mailing Address 2707 YORK COURT

City

SOUTHLAKE

State

TX

Zip Code

76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
QUALITY SYSTEMS, INC.Occupation
EXECUTIVE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5201

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEFF COOK

B.

Mailing Address 99 MAIN STREET

City

COLD SPRING

State

NY

Zip Code

10516

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
PUBLIC AFFAIRS CONSULTANT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2012

Transaction ID : SA11.4878

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER B. COWIE

C.

Mailing Address 36 REVOLUTIONARY ROAD

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
INVESTMENT MANAGEMENT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2012

Transaction ID : SA11.4915

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER B. COWIE

Mailing Address 36 REVOLUTIONARY ROAD

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		05		2012

Transaction ID : SA11.4915B

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial)

SUSAN COWIE

Mailing Address 36 REVOLUTIONARY ROAD

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		05		2012

Transaction ID : SA11.4919

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial)

FRANCIS J. CROSSON JR.

Mailing Address 1491 HAMILTON AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE PERMANENTE MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		20		2012

Transaction ID : SA11.4999

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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:

PAGE 17 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. KEVIN W. DAHILL**A.**

Mailing Address 20 W. PALISADE AVENUE, #2234

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHCARE ASSN. OF NEW YORK STATE

Occupation

EXECUTIVE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4980

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK S. DEFRANCESCO**B.**

Mailing Address 35 TERRELL FARM PLACE

City

CHESHIRE

State

CT

Zip Code

06410

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S HEALTH CONNECTICUT

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Transaction ID : SA11.5037

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CAMILLE DEMARTINO**C.**

Mailing Address P.O. BOX 518

City

LINCOLNDALE

State

NY

Zip Code

10540

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4964

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

CAMILLE DEMARTINO**A.**

Mailing Address P.O. BOX 518

City

LINCOLNDALE

State

NY

Zip Code

10540

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4964B

Amount of Each Receipt this Period

-1500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

CAMILLE DEMARTINO**B.**

Mailing Address P.O. BOX 518

City

LINCOLNDALE

State

NY

Zip Code

10540

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4978

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

KERYN DIAS**C.**

Mailing Address 14 GRANT PLACE

City

ARLINGTON

State

TX

Zip Code

76013

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL CLINIC OF N. TEXAS

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Transaction ID : SA11.5062

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**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:

PAGE 19 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. **RUSSELL DICKEY**

Mailing Address 405 BAYOU VISTA

City

SOUTLAKE

State

TX

Zip Code

76092

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDICAL CLINIC OF NORTH TEXAS

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5133

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. **DONALD DIXON**

Mailing Address DDIXON@TRIDENTCAP.COM

City

ATHERTON

State

CA

Zip Code

94027

FEC ID number of contributing federal political committee.

C

Name of Employer

TRIDENT CAPITAL

Occupation

VENTURE CAPITAL

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5067

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. **MR. PATRICK DONNELLY**

Mailing Address 66 S. CENTRAL

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing federal political committee.

C

Name of Employer

BELWAY ELECTRICAL CORP.

Occupation

CONTRACTOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.5013

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4800.00

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:

PAGE 20 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MRS. ALLISON G. DUNN-BAMFORD

Mailing Address 133 NARROW ROADS

City

BEDFORD HILLS

State

NY

Zip Code

10507

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		07		2012

Transaction ID : SA11.4861

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES EATON

Mailing Address P.O. BOX 1713

City

TALLAHASSEE

State

FL

Zip Code

32302

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL STRATEGIES, INC

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5139

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES EATON

Mailing Address P.O. BOX 1713

City

TALLAHASSEE

State

FL

Zip Code

32302

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL STRATEGIES, INC

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5139B

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

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

5050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JAMES EATON**A.**

Mailing Address P.O. BOX 1713

City

TALLAHASSEE

State

FL

Zip Code

32302

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL STRATEGIES, INC

Occupation

ATTORNEY

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5222

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

B.

Full Name (Last, First, Middle Initial)

MR. JOEL S. EHRENKRANZ

Mailing Address 375 PARK AVENUE

28TH FLOOR

City

NEW YORK

State

NY

Zip Code

10152

FEC ID number of contributing
federal political committee.

C

Name of Employer

EHRENKRANZ & EHRENKRANZ, LLP

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2012

Transaction ID : SA11.4859

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DAVID K. EMMEL

Mailing Address 28 HENDERSON DRIVE

City

AVON

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2012

Transaction ID : SA11.4671

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 22 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. JOHN D. EYLER

A.

Mailing Address P.O. BOX 318

City

WESTBROOKVILLE

State

NY

Zip Code

12785

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2012

Transaction ID : SA11.4881

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JOHN D. EYLER

B.

Mailing Address P.O. BOX 318

City

WESTBROOKVILLE

State

NY

Zip Code

12785

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4975

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JOHN C. FEDERSPIEL

C.

Mailing Address 7 GIORDANO DRIVE

City

CORTLANDT MANOR

State

NY

Zip Code

10567

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUDSON VALLEY HOSPITAL CENTER

Occupation

PRESIDENT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4988

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DONALD W. FISHER**A.**

Mailing Address 3814 IVANHOE LANE

City

ALEXANDRIA

State

VA

Zip Code

22310

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL GROUP ASSOCIATION

Occupation

PRESIDENT/C.E.O.

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Transaction ID : SA11.5060

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAWRENCE FLEISCHER**B.**

Mailing Address P.O. BOX 115

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

COMMUNICATIONS CONSULTANT

Receipt For: 2012

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5131

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MIKE FLOOD**C.**

Mailing Address 2200 N WESTMORELAND STREET

City

ARLINGTON

State

VA

Zip Code

22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

CRE FINANCE COUNCIL

Occupation

VICE-PRESIDENT

Receipt For: 2012

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2012

Transaction ID : SA11.4831

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

5500.00

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:

PAGE 24 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. BEHREND B. FOSTER

Mailing Address 1722 N. NELSON ST.

City

ARLINGTON

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLUESTONE STRATEGIES

Occupation

PARTNER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5115

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SCOTT FOWLER

Mailing Address 1258 RIDGE TOP DRIVE

City

KINGSPORT

State

TN

Zip Code

37664

FEC ID number of contributing
federal political committee.

C

Name of Employer

HMG

Occupation

CEO

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5135

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BRIAN M. FOX

Mailing Address 15750 OLD WEDGEWOOD COURT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INVESTMENT MANAGER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5141

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

6250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 25 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

BRIAN M. FOX

A.

Mailing Address 15750 OLD WEDGEWOOD COURT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INVESTMENT MANAGER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5141B

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

BRIAN M. FOX

B.

Mailing Address 15750 OLD WEDGEWOOD COURT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INVESTMENT MANAGER

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5202

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

JENNIFER GANNON

C.

Mailing Address 83 FAIRWAY DR

City

STAMFORD

State

CT

Zip Code

06903

FEC ID number of contributing
federal political committee.

C

Name of Employer

MKMG

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		02		2012

Transaction ID : SA11.4912

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JAMES GERARD

A.

Mailing Address 300 EAST 64TH STREET

City

NEW YORK

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH SEA PARTNERS

Occupation

INVESTMENT BANKING

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Transaction ID : SA11.5017

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMEET GOYAL

B.

Mailing Address 167 PURCHASE STRE

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5150

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

OLIVER GRACE

C.

Mailing Address 265 SUNRISE AVENUE, #204A

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEVELOPMENT SERVICES, LLC

Occupation

MANAGING MEMBER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Transaction ID : SA11.5020

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

OLIVER GRACE**A.**

Mailing Address 265 SUNRISE AVENUE, #204A

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEVELOPMENT SERVICES, LLC

Occupation

MANAGING MEMBER

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5134

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. PAUL GUILLARO**B.**

Mailing Address 75 RANDOM FARMS DRIVE

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNICORN CONTRACTING

Occupation

OWNER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4985

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. MARC A. HERTZ**C.**

Mailing Address 204 COUNTRY RIDGE DRIVE

City

RYE BROOK

State

NY

Zip Code

10573

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5148

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DR. MARC A. HERTZ**A.**

Mailing Address 204 COUNTRY RIDGE DRIVE

City

RYE BROOK

State

NY

Zip Code

10573

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5148B

Amount of Each Receipt this Period

-1500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

DR. MARC A. HERTZ**B.**

Mailing Address 204 COUNTRY RIDGE DRIVE

City

RYE BROOK

State

NY

Zip Code

10573

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5223

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

JOHN ILIBASSI**C.**

Mailing Address 1491 GASTON STREET

City

WANTAGH

State

NY

Zip Code

11793

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RE MANAGER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		10		2012

Transaction ID : SA11.4652

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**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:

PAGE 29 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

NORA A. JOHNSON

A.

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2012

Transaction ID : SA11.4930

Amount of Each Receipt this Period

500.00

CONTRIBUTION

MEMO: refund issued within 60 days of contribution

Full Name (Last, First, Middle Initial)

PAUL JOHNSON

B.

Mailing Address 19 BRADFORD COURT

City

BREWSTER

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer

VERIZON

Occupation

FINANCE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		10		2012

Transaction ID : SA11.4649

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAUL JOHNSON

C.

Mailing Address 19 BRADFORD COURT

City

BREWSTER

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer

VERIZON

Occupation

FINANCE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Transaction ID : SA11.4905

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

575.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

RICHARD JOHNSON**A.**

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDATLANTIC FUNDOccupation
PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		08		2012

Transaction ID : SA11.4929

Amount of Each Receipt this Period

500.00

CONTRIBUTION

MEMO: refund issued within 60 days of contribution

B.

Full Name (Last, First, Middle Initial)

RICHARD JOHNSON

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDATLANTIC FUNDOccupation
PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.4929B

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL**C.**

Full Name (Last, First, Middle Initial)

RICHARD JOHNSON

Mailing Address 63 COTTONWOOD LANE

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDATLANTIC FUNDOccupation
PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5228

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 31 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. DR. ROBERT KARSTEN DDS

Mailing Address 158 N. SALEM ROAD

City

KATONAH

State

NY

Zip Code

10536

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DENTIST

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		06		2012

Transaction ID : SA11.4924

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JAMES KASTBERG

Mailing Address 18 SUNDERLAND LANE

City

KATONAH

State

NY

Zip Code

10536

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		07		2012

Transaction ID : SA11.4832

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOSEPH T. KIRCHHOFF

Mailing Address P.O. BOX 675

City

PLEASANT VALLEY

State

NY

Zip Code

12569

FEC ID number of contributing
federal political committee.

C

Name of Employer

KIRCHHOFF-CONSIGLI CONSTRUCTION

Occupation

C.E.O.

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5167

Amount of Each Receipt this Period

500.00

CONTRIBUTION

MEMO: refund issued within 60 days of contribution

SUBTOTAL of Receipts This Page (optional).....

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

1050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 32 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

CAROLE KLANG

A.

Mailing Address 800 FIFTH AVE.

City

NEW YORK

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

RMS

Occupation

MGMT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Transaction ID : SA11.4928

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

refund for over limit contribution issued - copy of check
submitted to fec

Full Name (Last, First, Middle Initial)

MS. PATRICIA KNIGHT

B.

Mailing Address 817 N. LINCOLN ST.

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

KNIGHT CAPITOL CONSULTANT

Occupation

CONSULTANT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2012

Transaction ID : SA11.4864

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. LEWIS KOHL

C.

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3332.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2012

Transaction ID : SA11.4942

Amount of Each Receipt this Period

416.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3416.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 33 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. LEWIS KOHL

A.

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3332.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : SA11.5029

Amount of Each Receipt this Period

416.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MELISSA KOHL

B.

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE HOSPITAL CENTER

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2012

Transaction ID : SA11.4628

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MELISSA KOHL

C.

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE HOSPITAL CENTER

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2012

Transaction ID : SA11.4938

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1216.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 34 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MELISSA KOHL

A.

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE HOSPITAL CENTER

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4032.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		11		2012

Transaction ID : SA11.4938B

Amount of Each Receipt this Period

-400.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

MELISSA KOHL

B.

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE HOSPITAL CENTER

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4032.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		11		2012

Transaction ID : SA11.4947

Amount of Each Receipt this Period

400.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

MELISSA KOHL

C.

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE HOSPITAL CENTER

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4032.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		05		2012

Transaction ID : SA11.4941

Amount of Each Receipt this Period

416.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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:

PAGE 35 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MELISSA KOHL**A.**

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE HOSPITAL CENTER

Occupation

PHYSICIAN

Receipt For: 2012



Primary



General



Other (specify)

Election Cycle-to-Date

4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2012

Transaction ID : SA11.4941B

Amount of Each Receipt this Period

-316.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

B.

Full Name (Last, First, Middle Initial)

MELISSA KOHL

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE HOSPITAL CENTER

Occupation

PHYSICIAN

Receipt For: 2012



Primary



General



Other (specify)

Election Cycle-to-Date

4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2012

Transaction ID : SA11.4945

Amount of Each Receipt this Period

316.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

C.

Full Name (Last, First, Middle Initial)

MELISSA KOHL

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE HOSPITAL CENTER

Occupation

PHYSICIAN

Receipt For: 2012



Primary



General



Other (specify)

Election Cycle-to-Date

4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : SA11.5027

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MELISSA KOHL**A.**

Mailing Address 279 HAWLEY ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE HOSPITAL CENTER

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : SA11.5028

Amount of Each Receipt this Period

416.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARRY KROSSER**B.**

Mailing Address 28 RANDOM FARMS CIRCLE

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2012

Transaction ID : SA11.4825

Amount of Each Receipt this Period

750.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROSS LEHRMAN**C.**

Mailing Address 235 GARTH ROAD, #E2A

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

INNOVATION INTERACTIVE

Occupation

ADVERTISING

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5075

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2166.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 37 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

STEPHEN LEONARD

A.

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City

ATLANTA

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		29		2012

Transaction ID : SA11.4906

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEPHEN LEONARD

B.

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City

ATLANTA

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5071

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ABRAHAM LEVY

C.

Mailing Address 15 SARLES ROAD

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5124

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

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PAGE 38 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JANET S. LEVY

A.

Mailing Address 14 DEVOE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5077

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEORA LEVY

B.

Mailing Address 59 PECKSLAND ROAD

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Transaction ID : SA11.5059

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROSS S. LEVY

C.

Mailing Address 14 DEVOE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5076

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 39 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

ROSS S. LEVY**A.**

Mailing Address 14 DEVOE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5076B

Amount of Each Receipt this Period

-300.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

ROSS S. LEVY**B.**

Mailing Address 14 DEVOE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5206

Amount of Each Receipt this Period

300.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

MR. PAUL LOBO**C.**Mailing Address 3601 CONNECTICUT AVE., NW
APT. 605

City

WASHINGTON

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLARK & WEINSTOCK

Occupation

GOVT AFFAIRS

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2012

Transaction ID : SA11.4916

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 40 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

VIRGINIA LOPER**A.**

Mailing Address 3309 23RD ST N

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOPER CONSULTING

Occupation

LOBBYIST

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2012

Transaction ID : SA11.4958

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOUGLAS MAINE**B.**

Mailing Address 142 SARLES STREET

City

BEDFORD CORNERS

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROWN BROTHERS HARRIMAN

Occupation

LIMITED PARTNER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2012

Transaction ID : SA11.5038

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOUGLAS MAINE**C.**

Mailing Address 142 SARLES STREET

City

BEDFORD CORNERS

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROWN BROTHERS HARRIMAN

Occupation

LIMITED PARTNER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5038B

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL**SUBTOTAL** of Receipts This Page (optional).....

5500.00

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:

PAGE 41 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DOUGLAS MAINE

A.

Mailing Address 142 SARLES STREET

City

BEDFORD CORNERS

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROWN BROTHERS HARRIMAN

Occupation

LIMITED PARTNER

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5208

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

FREDERIC MALEK

B.

Mailing Address 1259 CREST LANE

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

THAYER LODGING GROUP

Occupation

CHAIRMAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : SA11.4956

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BELLA M. MALITS

C.

Mailing Address 10 CITY PLACE, #10E

City

WHITE PLAINS

State

NY

Zip Code

10601

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2012

Transaction ID : SA11.4665

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 42 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

Bella M. Malits

A.

Mailing Address 10 CITY PLACE, #10E

City

WHITE PLAINS

State

NY

Zip Code

10601

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		31		2012

Transaction ID : SA11.4895

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

Bella M. Malits

B.

Mailing Address 10 CITY PLACE, #10E

City

WHITE PLAINS

State

NY

Zip Code

10601

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5078

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. PATRICK R. MARTONE

C.

Mailing Address DMN MANAGEMENT SERVICES, LLC
CAPITAL LIVING AND REHABILITATION

City

SCHENECTADY

State

NY

Zip Code

12305

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL LIVING AND REHABILITATION CEN

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		07		2012

Transaction ID : SA11.4849

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

EVON MAURIELLO

A.

Mailing Address 1 FRANKLIN AVENUE, #3B

City

WHITE PLAINS

State

NY

Zip Code

10601

FEC ID number of contributing
federal political committee.

C

Name of Employer

VILLAGE OF PLEASANTVILLE

Occupation

OFFICE MANAGER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2012

Transaction ID : SA11.4629

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

EVON MAURIELLO

Mailing Address 1 FRANKLIN AVENUE, #3B

City

WHITE PLAINS

State

NY

Zip Code

10601

FEC ID number of contributing
federal political committee.

C

Name of Employer

VILLAGE OF PLEASANTVILLE

Occupation

OFFICE MANAGER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2012

Transaction ID : SA11.4939

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

EVON MAURIELLO

Mailing Address 1 FRANKLIN AVENUE, #3B

City

WHITE PLAINS

State

NY

Zip Code

10601

FEC ID number of contributing
federal political committee.

C

Name of Employer

VILLAGE OF PLEASANTVILLE

Occupation

OFFICE MANAGER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : SA11.5026

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

105.00

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:

PAGE 44 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JAISHREE MCLANE

A.

Mailing Address 14 DAPPLEGRAY ROAD

City

BELL CANYON

State

CA

Zip Code

91307

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENCE

Occupation

I.T. MANAGER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		05		2012

Transaction ID : SA11.4925

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DANIEL B. MCMANUS

B.

Mailing Address 4 WOODS BRIDGE ROAD

City

KATONAH

State

NY

Zip Code

10536

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLARK ASSOCIATES FUNERAL HOME

Occupation

DIRECTOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		28		2012

Transaction ID : SA11.4890

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RONALD MCPHEE

C.

Mailing Address 795 HERITAGE HILLS, UNIT C

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2012

Transaction ID : SA11.5016

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

1250.00

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:

PAGE 45 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

RONALD MCPHEE

A.

Mailing Address 795 HERITAGE HILLS, UNIT C

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5074

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARIE E. METZGER

B.

Mailing Address 3 VAN WYCK LANE, #1

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

METZGER CONSTRUCTION CORP.

Occupation

EXCAVATION

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.5004

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. CORBIN R. MILLER

C.

Mailing Address 1165 5TH AVENUE

City

NEW YORK

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4968

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

JASON MOON

Mailing Address 15780 OLD WEDGEWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

RADIATION THERAPY SERVICES, INC.

Occupation

CORPORATE ADMINISTRATIVE DIRECTOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5091

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JASON MOON

Mailing Address 15780 OLD WEDGEWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

RADIATION THERAPY SERVICES, INC.

Occupation

CORPORATE ADMINISTRATIVE DIRECTOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5091B

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

JASON MOON

Mailing Address 15780 OLD WEDGEWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

RADIATION THERAPY SERVICES, INC.

Occupation

CORPORATE ADMINISTRATIVE DIRECTOR

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5210

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

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

5000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

TRACY MULROY**A.**

Mailing Address 10009 COVENTRY WAY

City

BETHESDA

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2012

Transaction ID : SA11.4917

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RAGHDA M. NESHEIWAT**B.**

Mailing Address 852 FREEDOM PLAINS ROAD

City

POUGHKEEPSIE

State

NY

Zip Code

12603

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2012

Transaction ID : SA11.4853

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ERIK A. NICOLAYSEN**C.**

Mailing Address P.O. BOX 108

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2012

Transaction ID : SA11.5039

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 48 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DANIEL J. O'KANE

A.

Mailing Address 15 SOLURI LANE

City

TOMKINS COVE

State

NY

Zip Code

10986

FEC ID number of contributing
federal political committee.

C

Name of Employer

O'KANE CONSTRUCTION

Occupation

OWNER

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3501.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Transaction ID : SA11.5061

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JOHN J. ORICCHIO

B.

Mailing Address 5 HEERDT FARM LANE

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PODIATRIST

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4974

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PALMER PAGE

C.

Mailing Address 31 MAJOR TALMADGE LANE

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer

STERLING NATIONAL BANK

Occupation

LOAN OFFICIER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5069

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. JOHN J. PILKINGTON

Mailing Address 720 MILTON ROAD

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

PILKINGTON & LEGGETT, P.C.

Occupation

ATTORNEY

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2012

Transaction ID : SA11.4951

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARY ELLEN PILKINGTON

Mailing Address 720 MILTON ROAD

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

GAMCO ASSET MANAGEMENT

Occupation

STOCK BROKER

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2012

Transaction ID : SA11.4950

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANTHONY PISACANO

Mailing Address 2590 FRISBY AVENUE

City

BRONX

State

NY

Zip Code

10461

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5145

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 50 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

ANDREW PRINCE

A.

Mailing Address 178 EAST 71ST STREET

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2012

Transaction ID : SA11.4954

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS F. PURDON

B.

Mailing Address 706 E. BENT BRANCH PLACE

City

GREEN VALLEY

State

AZ

Zip Code

85614

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5130

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN RABE

C.

Mailing Address 210 E 47TH ST, APT 9C

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.

C

Name of Employer

PGM, INC

Occupation

GROUP INSURANCE SALES AND SERVICE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5090

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial) LONNY REISMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2012	
Mailing Address 7 BLACK ROCK ROAD		Transaction ID : SA11.5138	
City GLEN HEAD	State NY	Zip Code 11545	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer AETNA	Occupation PHYSICIAN EXECUTIVE		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		
B. Full Name (Last, First, Middle Initial) JONATHAN R. REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2012	
Mailing Address P.O. BOX 130		Transaction ID : SA11.4933	
City GARRISON	State NY	Zip Code 10524	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation WRITER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00		
C. Full Name (Last, First, Middle Initial) JONATHAN R. REYNOLDS		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2012	
Mailing Address P.O. BOX 130		Transaction ID : SA11.6000	
City GARRISON	State NY	Zip Code 10524	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 2000.00	
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:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MITCHELL ROSLIN

A.

Mailing Address 3 COLE DRIVE

City

ARMONK

State

NY

Zip Code

10504

FEC ID number of contributing
federal political committee.

C

Name of Employer

NSLIJ

Occupation

M.D.

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5140

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MATTHEW ROTHFLEISCH

B.

Mailing Address 3 EDWARDS COURT

City

BEDFORD CORNERS

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEL MAR ASSET MANAGEMENT

Occupation

PORTFOLIO MANAGER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5066

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOUGLAS RUBIN

C.

Mailing Address 45 LAUREL RD

City

PRINCETON

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C

Name of Employer

RUBIN8188 LLC

Occupation

BOOKKEEPER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2012

Transaction ID : SA11.4931

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DOUGLAS RUBIN**A.**

Mailing Address 45 LAUREL RD

City

PRINCETON

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C

Name of Employer

RUBIN8188 LLC

Occupation

BOOKKEEPER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5092

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. MARC STEVEN SCARDUFFA**B.**

Mailing Address 325 WEST 93RD ST., #51

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer

PFIZER

Occupation

CORPORATE EXECUTIVE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4967

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KAREN SHAPIRO**C.**

Mailing Address 99 RICHMOND HILL ROAD

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2012

Transaction ID : SA11.4615

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3250.00

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:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

F. MICHAEL SHAW

A.

Mailing Address 2 CHERRY HILL COURT

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2012

Transaction ID : SA11.4626

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANGELA M. SKRETTA

B.

Mailing Address P.O. BOX 357

City

NEW PALTZ

State

NY

Zip Code

12561

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORMET HOSPITAL ASSN.

Occupation

V.P.

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4981

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. GREGORY SLAMOWITZ

C.

Mailing Address 137 RIVERSIDE DRIVE, #6D

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMBROSE EMPLOYER GROUP, LLC

Occupation

C.E.O.

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5189

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3150.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

SHAWN A. SMEALLIE

A.

Mailing Address 1310 BISHOP LANE

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN CONTINENTAL GROUP

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2012

Transaction ID : SA11.5054

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. JAMES P. SMITH JR.

B.

Mailing Address 12 EAGLES WAY

City

MIDDLETOWN

State

NY

Zip Code

10940

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5105

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. CLINTON I. SMULLYAN

C.

Mailing Address 18 E. 48TH STREET, 19TH FLOOR

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOSBACHER PROPERTIES GROUP, LLC

Occupation

EXECUTIVE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4966

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. CLINTON I. SMULLYAN**A.**

Mailing Address 18 E. 48TH STREET, 19TH FLOOR

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOSBACHER PROPERTIES GROUP, LLC

Occupation

EXECUTIVE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5087

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. STEVEN M. SOLD**B.**

Mailing Address 2 HIXON ROAD

City

CROTON ON HUDSON

State

NY

Zip Code

10520

FEC ID number of contributing
federal political committee.

C

Name of Employer

PILKINGTON & LEGGETT

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4989

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT SOLEY**C.**

Mailing Address 30 GRIFFEN AVE.

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

RETIRED PLASTIC SURGEON

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2012

Transaction ID : SA11.4830

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

1250.00

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
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

WILLIAM D. SPAIN

A.

Mailing Address 191 EAST LAKE BLVD.

City

MAHOPAC

State

NY

Zip Code

10541

FEC ID number of contributing federal political committee.

C

Name of Employer
SPAIN & SPAIN, PCOccupation
ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Transaction ID : SA11.5055

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SOLOMON S. STEINER

B.

Mailing Address 24 OLD WAGON ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549

FEC ID number of contributing federal political committee.

C

Name of Employer
STEINER VENTURESOccupation
MANAGING PARTNER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3060.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5122

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SOLOMON S. STEINER

C.

Mailing Address 24 OLD WAGON ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549

FEC ID number of contributing federal political committee.

C

Name of Employer
STEINER VENTURESOccupation
MANAGING PARTNER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3060.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5122B

Amount of Each Receipt this Period

-560.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

SOLOMON S. STEINER**A.**

Mailing Address 24 OLD WAGON ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer
STEINER VENTURESOccupation
MANAGING PARTNER

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3060.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5215

Amount of Each Receipt this Period

560.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

MR. KENNETH M. STENGER**B.**

Mailing Address 1136 ROUTE 9

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERGILIS, STENGER, ROBERTS, LLCOccupation
ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.5002

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAUL STURZ**C.**

Mailing Address 6 AUTUMN RIDGE ROAD

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer
LINDEN'SOccupation
EXECUTIVE

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2012

Transaction ID : SA11.4667

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 59 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK**A.**

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2012

Transaction ID : SA11.4627

Amount of Each Receipt this Period

35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK**B.**

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2012

Transaction ID : SA11.4631

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK**C.**

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2012

Transaction ID : SA11.4640

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

135.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK

A.

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2012

Transaction ID : SA11.4937

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK

B.

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2012

Transaction ID : SA11.4940

Amount of Each Receipt this Period

35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK

C.

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2012

Transaction ID : SA11.4943

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

110.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 61 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK

A.

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : SA11.5030

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK

B.

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : SA11.5031

Amount of Each Receipt this Period

35.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK

C.

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2012

Transaction ID : SA11.5032

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

110.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. LARRY TATUM

Mailing Address 4708 LAFAYETTE AVENUE

City

FORT WORTH

State

TX

Zip Code

76107

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS HEALTH CAREOccupation
PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2012

Transaction ID : SA11.4936

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEPHEN TREACY

Mailing Address 4 QUEEN ANNE LANE

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASTERCARD WORLDWIDEOccupation
PROGRAMMER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5129

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HATSY VALLAR

Mailing Address 21 BISBEE LANE

City

BEDFORD HILLS

State

NY

Zip Code

10507

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHERN WESTCHESTER HOSPITALOccupation
SVP

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2012

Transaction ID : SA11.5041

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 63 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MR. SCOTT VALLAR**A.**

Mailing Address 21 BISBEE LANE

City

BEDFORD HILLS

State

NY

Zip Code

10507

FEC ID number of contributing
federal political committee.

C

Name of Employer

GUARD HILL ADVISORS

Occupation

INVESTMENT ADVISOR

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : SA11.4893

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. MARK WEBSTER**B.**

Mailing Address 131 WATERMELON HILL ROAD

City

MAHOPAC

State

NY

Zip Code

10541

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUDSON VALLEY HOSPITAL CENTER

Occupation

CHIEF FINANCIAL OFFICER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4991

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CARL D. WEINBERG**C.**

Mailing Address 52 WEST LANE

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCHIARETTI, CORGAN ET AL

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2012

Transaction ID : SA11.4868

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

1650.00

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:

PAGE 64 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. GENE WEXLER

Mailing Address 4 HERKIMER ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASCENA RETAIL GROUP, INC.

Occupation

LAWYER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2012

Transaction ID : SA11.4846

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. STEPHAN WHELAN

Mailing Address 405 LEXINGTON AVENUE

City

NEW YORK

State

NY

Zip Code

10174

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLANK ROME

Occupation

ATTORNEY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : SA11.4955

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DR. H. JAY WISNICKI

Mailing Address 8 UNION SQUARE SOUTH

City

NEW YORK

State

NY

Zip Code

10003

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNION SQUARE EYE CARE

Occupation

PHYSICIAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4965

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 65 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

DR. WILLIAM G. WOLFF**A.**

Mailing Address 32-25 FRANCIS LEWIS BLVD.

City

BAYSIDE

State

NY

Zip Code

11358

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAMS

Occupation

CHAIRMAN, DEP. OF RADIOLOGY

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4971

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LOUIS WOODHILL

Mailing Address 7 HAMPTON CT

City

HOUSTON

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer

DIGABIT

Occupation

CHAIRMAN

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5125

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DEAN ZARRAS

Mailing Address 12 OLD LOGGING ROAD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

SESCO ENTERPRISES, LLC

Occupation

C.T.O.

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Transaction ID : SA11.5073

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1350.00

141039.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 66 OF 135

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

BRADY FOR CONGRESS

A.

Mailing Address P.O. BOX 8277

City

THE WOODLANDS

State

TX

Zip Code

77387

FEC ID number of contributing
federal political committee.

C C00311043

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5184

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

VOLUNTEERS FOR SHIMKUS

B.

Mailing Address P.O. BOX 661

City

COLLINSVILLE

State

IL

Zip Code

62234

FEC ID number of contributing
federal political committee.

C C00258855

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5164

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

VOLUNTEERS FOR SHIMKUS

C.

Mailing Address P.O. BOX 661

City

COLLINSVILLE

State

IL

Zip Code

62234

FEC ID number of contributing
federal political committee.

C C00258855

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5165

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 67 OF 135

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

GRASSY SPRAIN PAC

A.

Mailing Address P.O. BOX 189 - CENTUCK STATION

City

YONKERS

State

NY

Zip Code

10710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2012

Transaction ID : SA11.4948

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

made with funds permissible under the Fed. Election
Camp. Act.

Full Name (Last, First, Middle Initial)

ACTON PAC

B.

Mailing Address P.O. BOX 442

City

SHARPSBURG

State

GA

Zip Code

30277

FEC ID number of contributing
federal political committee.

C C00411579

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5188

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AETNA, INC. PAC

C.

Mailing Address 20 F STREET, N.W., #350

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00181826

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5108

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 135

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

AFLAC PAC

Mailing Address 1932 WYNNTON ROAD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.**C** C00034157

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		15		2012

Transaction ID : SA11.4862

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. AMBULATORY SURGERY CENTER ASSN. PAC

Mailing Address 1012 CAMERON ST.

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.**C** C00424788

Name of Employer

Occupation

Receipt For: 2012

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5176

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. AMERICAN ACADEMY OF OPHTHALMOLOGY PAC

Mailing Address 655 BEACH STREET

City

SAN FRANCISCO

State

CA

Zip Code

94109

FEC ID number of contributing
federal political committee.**C** C00196246

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2012

Transaction ID : SA11.5107

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

5000.00

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:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		26		2012

Transaction ID : SA11.5042

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5042B

Amount of Each Receipt this Period

-1000.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

C. AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5224

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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)

PAGE 70 OF 135

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSN. PAC

Mailing Address 1891 PRESTON WHITE DRIVE

City	State	Zip Code
RESTON	VA	20191

FEC ID number of contributing federal political committee.

C C00343459

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : SA11.4970

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSN. PAC

Mailing Address 919 18TH STREET, N.W, #300

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee.

C C00038604

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : SA11.5182

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL GROUP ASSOCIATION PAC

Mailing Address P.O. BOX 26366

City	State	Zip Code
ALEXANDRIA	VA	22313

FEC ID number of contributing federal political committee.

C C00408120

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : SA11.5163

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

8000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 135

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL GROUP ASSOCIATION PAC

Mailing Address P.O. BOX 26366

City	State	Zip Code
ALEXANDRIA	VA	22313

FEC ID number of contributing
federal political committee.**C** C00408120

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : SA11.5163B

Amount of Each Receipt this Period

-3000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL GROUP ASSOCIATION PAC

Mailing Address P.O. BOX 26366

City	State	Zip Code
ALEXANDRIA	VA	22313

FEC ID number of contributing
federal political committee.**C** C00408120

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : SA11.5225

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

AMERICAN PHYSICAL THERAPY ASSOCIATION

Mailing Address 1111 N FAIRFAX ST

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing
federal political committee.**C** C00012880

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2012

Transaction ID : SA11.4923

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AREVA, COGEMA, FRAMATOME ANP PAC

Mailing Address **4800 HAMPDEN LANE**
SUITE 1100

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing
federal political committee.

C **C00395285**

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

03 / 26 / 2012

Transaction ID : SA11.5050

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSOCIATION FOR THE ADVANCEMENT OF PSYCHOLOGY

Mailing Address **P.O. BOX 38129**

City State Zip Code
COLORADO SPRINGS CO 80937-8129

FEC ID number of contributing
federal political committee.

C **C00002956**

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

02 / 07 / 2012

Transaction ID : SA11.4852

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

Mailing Address **1006 PENDLETON ST.**

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C **C00506535**

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11.5104

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 73 OF 135

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

BANK OF AMERICA CORPORATION FEDERAL PAC

A.

Mailing Address 1455 PENNSYLVANIA AVENUE, N.W., #9

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00364778

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

8500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		17		2012

Transaction ID : SA11.4873

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARCLAYS GROUP U.S., INC. PAC

B.

Mailing Address 2001 K STREET, N.W., 11TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00448852

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		21		2012

Transaction ID : SA11.5033

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARCLAYS GROUP U.S., INC. PAC

C.

Mailing Address 2001 K STREET, N.W., 11TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00448852

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		21		2012

Transaction ID : SA11.5033B

Amount of Each Receipt this Period

-2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

7000.00

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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
BARCLAYS GROUP U.S., INC. PAC

Mailing Address 2001 K STREET, N.W., 11TH FLOOR

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee.

C C00448852

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : SA11.5035

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
BUILD PAC NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15TH ST NW

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

C C00000901

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2012

Transaction ID : SA11.5051

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CIT GROUP INC. PAC

Mailing Address 1 CIT DRIVE, #2223-1

City	State	Zip Code
LIVINGSTON	NJ	07039

FEC ID number of contributing federal political committee.

C C00379420

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : SA11.5177

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 OF 135

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

CITIGROUP, INC. PAC-FEDERAL

A.

Mailing Address 1101 PENNSYLVANIA AVENUE, N.W., #1

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing federal political committee.

C C00008474

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2012

Transaction ID : SA11.5046

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CNA CITIZENS FOR GOOD GOVERNMENT

B.

Mailing Address 333 SOUTH WABASH, 43-S

City

CHICAGO

State

IL

Zip Code

60604

FEC ID number of contributing federal political committee.

C C00078287

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5166

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

COLLEGE OF AMERICAN PATHOLOGISTS PAC

C.

Mailing Address 1350 I STREET, N.W., #590

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing federal political committee.

C C00274944

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2012

Transaction ID : SA11.4888

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4000.00

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)

PAGE 76 OF 135

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial) CONCORD 51 PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>06</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03		06		2012	
M M M	/	D D D	/	Y Y Y Y Y Y									
03		06		2012									
Mailing Address 245 PARK AVENUE 24TH FLOOR		Transaction ID : SA11.4922											
City NEW YORK	State NY		Zip Code 10167										
FEC ID number of contributing federal political committee. C C00500454		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>100.00</td> </tr> </table>											100.00
										100.00			
Name of Employer 		Occupation 											
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>100.00</td> </tr> </table>											100.00
										100.00			

CONTRIBUTION

B. Full Name (Last, First, Middle Initial) CONSOLIDATED EDISON, INC. EMPLOYEES' PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>30</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03		30		2012	
M M M	/	D D D	/	Y Y Y Y Y Y									
03		30		2012									
Mailing Address 4 IRVING PLACE, ROOM 1650-S		Transaction ID : SA11.5103											
City NEW YORK	State NY		Zip Code 10003										
FEC ID number of contributing federal political committee. C C00055616		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>2500.00</td> </tr> </table>											2500.00
										2500.00			
Name of Employer 		Occupation 											
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>2500.00</td> </tr> </table>											2500.00
										2500.00			

CONTRIBUTION

C. Full Name (Last, First, Middle Initial) CONSTELLATION ENERGY FEDERAL PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>26</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03		26		2012	
M M M	/	D D D	/	Y Y Y Y Y Y									
03		26		2012									
Mailing Address 100 CONSTELLATION WAY SUITE 1000C		Transaction ID : SA11.5048											
City BALTIMORE	State MD		Zip Code 21202										
FEC ID number of contributing federal political committee. C C00041376		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>											1000.00
										1000.00			
Name of Employer 		Occupation 											
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>1000.00</td> </tr> </table>											1000.00
										1000.00			

CONTRIBUTION

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										3600.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>											

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

CONTINUING A MAJORITY PAC

A.

Mailing Address 5915 EASTMAN AVENUE, #100

City

MIDLAND

State

MI

Zip Code

48640

FEC ID number of contributing
federal political committee.

C C00350462

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5179

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DLA PIPER PAC

B.

Mailing Address 500 8TH STREET, NW

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00151340

Name of Employer

Occupation

Receipt For: 2012

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2012

Transaction ID : SA11.4863

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DYKEMA GOSSETT FEDERAL PAC

C.

Mailing Address 201 TOWNSEND STREET, #900

City

LANSING

State

MI

Zip Code

48933

FEC ID number of contributing
federal political committee.

C C00342113

Name of Employer

Occupation

Receipt For: 2012

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2012

Transaction ID : SA11.5047

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

6500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

ENTERGY CORPORATION PAC

A.

 Mailing Address 101 CONSTITUTION AVE., NW
 SUITE 200 EAST

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee.

C C00363879

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2012

Transaction ID : SA11.4914

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HUMANA, INC. POLITICAL ACTION COMMITTEE

B.

Mailing Address 975 F STREET, N.W., #550

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee.

C C00271007

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5099

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

IND. INSUR. AGENTS & BROKERS OF AMER. PAC

C.

Mailing Address 412 FIRST STREET, S.E., #300

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5111

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

6500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. INTL. COUNCIL OF SHOPPING CENTERS PAC

Mailing Address 555 12TH STREET, N.W., #660

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00217638

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2012

Transaction ID : SA11.5102

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. INTL. COUNCIL OF SHOPPING CENTERS PAC

Mailing Address 555 12TH STREET, N.W., #660

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00217638

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5174

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. INTL. COUNCIL OF SHOPPING CENTERS PAC

Mailing Address 555 12TH STREET, N.W., #660

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00217638

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2012

Transaction ID : SA11.5174B

Amount of Each Receipt this Period

-3000.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....

5000.00

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
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 (check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth
A. Full Name (Last, First, Middle Initial)
INTL. COUNCIL OF SHOPPING CENTERS PAC

Mailing Address 555 12TH STREET, N.W., #660

City	State	Zip Code
WASHINGTON	DC	20004

 FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

 Receipt For: 2012
☐ Primary ☒ General
☐ Other (specify)

 Election Cycle-to-Date
 8000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5226

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
JOBS, ECONOMY AND BUDGET FUND

Mailing Address PO BOX 30844

City	State	Zip Code
BETHESDA	MD	20824

 FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

 Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)

 Election Cycle-to-Date
 5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5181

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES, INC. POLITICAL ACTION COMMITTEE
Mailing Address 600 14TH STREET, NW
SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005

 FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

 Receipt For: 2012
☐ Primary ☒ General
☐ Other (specify)

 Election Cycle-to-Date
 2000.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 28 / 2012

Transaction ID : SA11.4891

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC

Mailing Address P.O. BOX 18254

 City
 WASHINGTON

 State
 DC

 Zip Code
 20036

 FEC ID number of contributing
 federal political committee.

☒ C00280222

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

 7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5186

Amount of Each Receipt this Period

 2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

 City
 BETHESDA

 State
 MD

 Zip Code
 20814

 FEC ID number of contributing
 federal political committee.

☒ C00415208

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

 3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5180

Amount of Each Receipt this Period

 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MANAGED FUNDS ASSOCIATION PAC

Mailing Address 600 14TH STREET, NW, SUITE 900

 City
 WASHINGTON

 State
 DC

 Zip Code
 20005

 FEC ID number of contributing
 federal political committee.

☒ C00306894

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		12		2012

Transaction ID : SA11.4952

Amount of Each Receipt this Period

 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

 4000.00

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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MAPPS PAC

Mailing Address 1856 OLD RESTON VA, STE 205

 City
 RESTON

 State
 VA

 Zip Code
 20190

FEC ID number of contributing federal political committee.

C C00233247

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11.5118

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MASSACHUSETTS MUTUAL LIFE INSURANCE PAC

Mailing Address 1295 STATE STREET

 City
 SPRINGFIELD

 State
 MA

 Zip Code
 01111

FEC ID number of contributing federal political committee.

C C00118943

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11.5114

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MCKESSON CORP. EMPLOYEES POLITICAL FUND

Mailing Address 1 POST STREET, 32ND FLOOR

 City
 SAN FRANCISCO

 State
 CA

 Zip Code
 94101

FEC ID number of contributing federal political committee.

C C00108035

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	23	/	2012

Transaction ID : SA11.4885

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

5000.00

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)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MCKESSON CORP. EMPLOYEES POLITICAL FUND

Mailing Address 1 POST STREET, 32ND FLOOR

City State Zip Code
SAN FRANCISCO CA 94101

FEC ID number of contributing
federal political committee.

C C00108035

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
02 23 2012

Transaction ID : SA11.4886

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MEDNAX, INC. PAC

Mailing Address 1301 CONCORD TERRACE

City State Zip Code
SUNRISE FL 33323

FEC ID number of contributing
federal political committee.

C C00469205

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 12 2012

Transaction ID : SA11.4949

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

METLIFE, INC. EMP. POLITICAL PARTICIPATION

Mailing Address 1095 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10036

FEC ID number of contributing
federal political committee.

C C00040923

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 30 2012

Transaction ID : SA11.5101

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 84 OF 135

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

MIKE R FUND

A.

Mailing Address P.O. BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152

FEC ID number of contributing
federal political committee.

C C00370791

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		15		2012

Transaction ID : SA11.4866

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MORGAN STANLEY PAC

B.

Mailing Address 1585 BROADWAY, FLOOR 9

City

NEW YORK

State

NY

Zip Code

10036

FEC ID number of contributing
federal political committee.

C C00337626

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		06		2012

Transaction ID : SA11.4918

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MORTGAGE BANKERS ASSOCIATION PAC

C.

Mailing Address 1717 RHODE ISLAND AVENUE, N.W., #4

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00004812

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5097

Amount of Each Receipt this Period

2000.00

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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MVP HEALTH CARE, INC. FEDERAL PAC

Mailing Address 625 STATE STREET

City	State	Zip Code
SCHENECTADY	NY	12305

FEC ID number of contributing federal political committee.

C C00431429

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : SA11.4995

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N. MICHIGAN AVENUE

City	State	Zip Code
CHICAGO	IL	60611

FEC ID number of contributing federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2012

Transaction ID : SA11.4850

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N. MICHIGAN AVENUE

City	State	Zip Code
CHICAGO	IL	60611

FEC ID number of contributing federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2012

Transaction ID : SA11.4851

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

5000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 86 OF 135

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

NATIONAL GRID USA PAC**A.**

Mailing Address 40 SYLVAN RD

City

WALTHAM

State

MA

Zip Code

02451-1120

FEC ID number of contributing
federal political committee.**C** C00048702

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2012

Transaction ID : SA11.5052

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATL. ASSN. OF HEALTH UNDERWRITERS PAC**B.**Mailing Address 1212 NEW YORK AVE., NW
SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00283135

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2012

Transaction ID : SA11.4848

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATL. ASSN. OF INSUR. & FIN. ADVISORS PAC**C.**

Mailing Address 2901 TELESTAR COURT

City

FALLS CHURCH

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.**C** C00005249

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5112

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Nan HayworthA. Full Name (Last, First, Middle Initial)
NATL. ASSN. OF MUTUAL INSURANCE CO. PACMailing Address **3601 VINCENNES ROAD**

City	State	Zip Code
INDIANAPOLIS	IN	46268

FEC ID number of contributing
federal political committee.**C** C00170258

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5170

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NEWS AMERICA HOLDINGS INC. - FOX PACMailing Address **444 N. CAPITOL ST., STE. 740**

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing
federal political committee.**C** C00330019

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5119

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NFIB SAFE TRUSTMailing Address **1201 F STREET, N.W., #200**

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing
federal political committee.**C** C00101105

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5171

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

8500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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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)
NFIB SAFE TRUST
 Mailing Address 1201 F STREET, N.W., #200

City	State	Zip Code
WASHINGTON	DC	20004

 FEC ID number of contributing
 federal political committee.

C C00101105

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5172

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NRA-POLITICAL VICTORY FUND
 Mailing Address 11250 WAPLES MILL ROAD

City	State	Zip Code
FAIRFAX	VA	22030

 FEC ID number of contributing
 federal political committee.

C C00053553

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5095

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NRA-POLITICAL VICTORY FUND
 Mailing Address 11250 WAPLES MILL ROAD

City	State	Zip Code
FAIRFAX	VA	22030

 FEC ID number of contributing
 federal political committee.

C C00053553

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2012

Transaction ID : SA11.5169

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

NUCLEAR ENERGY INSTITUTE FEDERAL PAC

Mailing Address 1776 I STREET, N.W., 4TH FLOOR

City
WASHINGTONState
DCZip Code
20006FEC ID number of contributing
federal political committee.**C** C00239848

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5109

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAC OF THE AMERICAN ASSN. OF ORTH. SURG.

Mailing Address 317 MASSACHUSETTS AVE., N.E., 1ST

City
WASHINGTONState
DCZip Code
20002FEC ID number of contributing
federal political committee.**C** C00343137

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4961

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAC OF THE AMERICAN ASSN. OF ORTH. SURG.

Mailing Address 317 MASSACHUSETTS AVE., N.E., 1ST

City
WASHINGTONState
DCZip Code
20002FEC ID number of contributing
federal political committee.**C** C00343137

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : SA11.4996

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

6000.00

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

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 (check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

POWER PAC OF EDISON ELECTRIC INSTITUTE

Mailing Address 701 PANNSYLVANIA AVE., NW

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee.

C C00095869

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2012

Transaction ID : SA11.4889

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PRECISION MACHINED PRODUCTS ASSN. PAC

Mailing Address 6700 WEST SNOWVILLE RD.

City	State	Zip Code
BRECKSVILLE	OH	44141

FEC ID number of contributing federal political committee.

C C00110858

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5120

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 1220 L STREET, NW, STE 100-263

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

C C00165159

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA11.5096

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4000.00

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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 1220 L STREET, NW, STE 100-263

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

C C00165159

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5110

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROSKAM PAC

Mailing Address P.O. BOX 1011

City	State	Zip Code
WHEATON	IL	60187

FEC ID number of contributing federal political committee.

C C00451294

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4999.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5185

Amount of Each Receipt this Period

982.93

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROSKAM PAC

Mailing Address P.O. BOX 1011

City	State	Zip Code
WHEATON	IL	60187

FEC ID number of contributing federal political committee.

C C00451294

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4999.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 21 / 2012

Transaction ID : SA11.5197

Amount of Each Receipt this Period

1516.07

CONTRIBUTION

MEMO: IN-KIND

SUBTOTAL of Receipts This Page (optional).....

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

3499.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC

Mailing Address 409 12TH STREET, SW

City	State	Zip Code
WASHINGTON	DC	20024

FEC ID number of contributing federal political committee.

C C00364158

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M	D D	Y Y Y Y
02	17	2012

Transaction ID : SA11.4874

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC

Mailing Address 409 12TH STREET, SW

City	State	Zip Code
WASHINGTON	DC	20024

FEC ID number of contributing federal political committee.

C C00364158

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M	D D	Y Y Y Y
03	31	2012

Transaction ID : SA11.4874B

Amount of Each Receipt this Period

-1500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC

Mailing Address 409 12TH STREET, SW

City	State	Zip Code
WASHINGTON	DC	20024

FEC ID number of contributing federal political committee.

C C00364158

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M	D D	Y Y Y Y
03	31	2012

Transaction ID : SA11.5227

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

THE AMERICAN GAMING ASSOCIATION

Mailing Address 1299 PENNSYLVANIA AVE NW

SUITE 1175

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00309146

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2012

Transaction ID : SA11.5049

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE GOLDMAN SACHS GROUP, INC. PAC

Mailing Address 101 CONSTITUTION AVE., N.W., #1000

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00350744

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2012

Transaction ID : SA11.4867

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE HOME DEPOT, INC. PAC

Mailing Address 1155 F STREET, N.W., #400

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2012

Transaction ID : SA11.5045

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3000.00

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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth
A. Full Name (Last, First, Middle Initial)
TIAA-CREF POLITICAL ACTION COMMITTEE

Mailing Address 1101 PENNSYLVANIA AVE., N.W., #800

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee.

C C00431361

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2012

Transaction ID : SA11.5044

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TITLE INDUSTRY PAC

Mailing Address 1828 L STREET, N.W., #705

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee.

C C00012914

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : SA11.5187

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TUESDAY GROUP PAC

Mailing Address P.O. BOX 11586

City	State	Zip Code
WASHINGTON	DC	20008

FEC ID number of contributing federal political committee.

C C00433060

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11.5113

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

7000.00

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
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☐ 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)
UNITED FOR HEALTH PAC

Mailing Address 701 PENNSYLVANIA AVE., NW, SUITE 6

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 30 2012

Transaction ID : SA11.5116

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNITED MOTORCOACH ASSOCIATION PAC

Mailing Address 113 S. WEST STREET, 4TH FLOOR

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00437517

Name of Employer Occupation

Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 30 2012

Transaction ID : SA11.5117

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VERIZON/VERIZON WIRELESS GOOD GOVT. CLUB

Mailing Address 1300 I STREET, N.W., #400W

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 26 2012

Transaction ID : SA11.5043

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
WAL-MART STORES, INC. PAC

Mailing Address 702 S.W. 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

FEC ID number of contributing federal political committee.

C C00093054

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11.5100

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WELLPOINT, INC. WELLPAC

Mailing Address 120 MONUMENT CIRCLE

City	State	Zip Code
INDIANAPOLIS	IN	46204

FEC ID number of contributing federal political committee.

C C00197228

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11.5098

Amount of Each Receipt this Period

2500.00

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 M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

139099.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

FRESHMAN CLASS JFC

A.

Mailing Address 228 S. WASHINGTON STREET, #115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2885.81

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2012

Transaction ID : SA12.5193

Amount of Each Receipt this Period

2885.81

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

DEPOSITORY TRUST & CLEARING CORP.

B.

Mailing Address 601 13TH ST., NW, STE. 580 SOUTH

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00497917

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2316.66

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2012

Transaction ID : SA12.5195

Amount of Each Receipt this Period

1666.66

CONTRIBUTION

[MEMO ITEM]
JFR > FRESHMAN CLASS

Full Name (Last, First, Middle Initial)

DEPOSITORY TRUST & CLEARING CORP.

C.

Mailing Address 601 13TH ST., NW, STE. 580 SOUTH

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00497917

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2316.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2012

Transaction ID : SA12.5196

Amount of Each Receipt this Period

650.00

CONTRIBUTION

[MEMO ITEM]
MEMO: INKIND / JFR > FRESHMAN CLASS

SUBTOTAL of Receipts This Page (optional).....

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

2885.81

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

INVESTMENT COMPANY INSTITUTE (ICI PAC) PAC

A.

Mailing Address 1401 H STREET, N.W., #1200

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00105981

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2012

Transaction ID : SA12.5194

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]

JFR > FRESHMAN CLASS

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

0.00

2885.81

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)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d ☒ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial) TD BANK			Date of Receipt M M / D D / Y Y Y Y 02 / 29 / 2012	
Mailing Address P.O. BOX 746			Transaction ID : SA15.1021	
City KEENE	State NH	Zip Code 03431	Amount of Each Receipt this Period 0.14 INTEREST	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3.79		
B. Full Name (Last, First, Middle Initial) TD BANK			Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2012	
Mailing Address P.O. BOX 746			Transaction ID : SA15.1022	
City KEENE	State NH	Zip Code 03431	Amount of Each Receipt this Period 0.14 INTEREST	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3.79		
C. Full Name (Last, First, Middle Initial) TD BANK			Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2012	
Mailing Address P.O. BOX 746			Transaction ID : SA15.997	
City KEENE	State NH	Zip Code 03431	Amount of Each Receipt this Period 0.15 INTEREST	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3.79		
SUBTOTAL of Receipts This Page (optional).....			0.43	
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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

WELLS FARGO

A. Mailing Address **41 S. MOGER AVENUE**

City	State	Zip Code
MOUNT KISCO	NY	10549

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

842.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : SA15.994

Amount of Each Receipt this Period

126.93

INTEREST

Full Name (Last, First, Middle Initial)

WELLS FARGO

B. Mailing Address **41 S. MOGER AVENUE**

City	State	Zip Code
MOUNT KISCO	NY	10549

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

842.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Transaction ID : SA15.995

Amount of Each Receipt this Period

151.05

INTEREST

Full Name (Last, First, Middle Initial)

WELLS FARGO

C. Mailing Address **41 S. MOGER AVENUE**

City	State	Zip Code
MOUNT KISCO	NY	10549

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

842.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SA15.996

Amount of Each Receipt this Period

161.49

INTEREST

SUBTOTAL of Receipts This Page (optional).....

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

439.47

439.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. JESSICA BOECKMAN

Mailing Address 58 CARMINE DRIVE

City	State	Zip Code
WAPPINGERS FALLS	NY	12590

Purpose of Disbursement
FOOD & BEVERAGE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	24	/	2012

Amount of Each Disbursement this Period

625.00

Transaction ID : SB17.I957

B. KEVIN M. BYRNE

Mailing Address 14 SEFIERT LANE

City	State	Zip Code
PUTNAM VALLEY	NY	10579

Purpose of Disbursement
REIMBURSEMENT: TELEPHONE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	28	/	2012

Amount of Each Disbursement this Period

91.78

Transaction ID : SB17.I989

C. KATHARINE M. CURTISS

Mailing Address 2 MOONEY HILL ROAD

City	State	Zip Code
HOLMES	NY	12531

Purpose of Disbursement
SALARYCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01	/	03	/	2012

Amount of Each Disbursement this Period

460.00

Transaction ID : SB17.I260

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1176.78

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. ANDREA DEMARCHI

Mailing Address 1 CIRCLE DRIVE

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2012

Amount of Each Disbursement this Period

684.00

Transaction ID : SB17.I1007

B. ANDREA DEMARCHI

Mailing Address 1 CIRCLE DRIVE

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2012

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.I963

C. ANDREA DEMARCHI

Mailing Address 1 CIRCLE DRIVE

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
REIMBURSEMENT: POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2012

Amount of Each Disbursement this Period

77.00

Transaction ID : SB17.I990

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1145.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. CORRINNE K. DIVESTEA

Mailing Address 3667 ROUTE 301

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2012

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.I1008

B. CORRINNE K. DIVESTEA

Mailing Address 3667 ROUTE 301

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2012

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.I87

C. CORRINNE K. DIVESTEA

Mailing Address 3667 ROUTE 301

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2012

Amount of Each Disbursement this Period

45.28

Transaction ID : SB17.I88

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7045.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. CORRINNE K. DIVESTEA

Mailing Address 3667 ROUTE 301

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
SALARY

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2012

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.I949

B. CORRINNE K. DIVESTEA

Mailing Address 3667 ROUTE 301

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
SALARY

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2012

Amount of Each Disbursement this Period

3388.25

Transaction ID : SB17.I950

C. CORRINNE K. DIVESTEA

Mailing Address 3667 ROUTE 301

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
SALARY

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2012

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.I964

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9388.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. CORRINNE K. DIVESTEA

Mailing Address 3667 ROUTE 301

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2012

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.I972

B. TRACY J. GALLAGHER

Mailing Address 16 DARIEN ROAD

City	State	Zip Code
CARMEL	NY	10512

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2012

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.I636

C. CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City	State	Zip Code
MIDDLETOWN	NY	10940

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2012

Amount of Each Disbursement this Period

727.27

Transaction ID : SB17.I1009

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

886.27

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. BRUCE HARVIE

Mailing Address 109 WOODCREST DR.

City	State	Zip Code
HOPEWELL JCT.	NY	12533

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2012

Amount of Each Disbursement this Period

7000.00

Transaction ID : SB17.I1010

B. BRUCE HARVIE

Mailing Address 109 WOODCREST DR.

City	State	Zip Code
HOPEWELL JCT.	NY	12533

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2012

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.I965

C. BRUCE HARVIE

Mailing Address 109 WOODCREST DR.

City	State	Zip Code
HOPEWELL JCT.	NY	12533

Purpose of Disbursement
REIMBURSEMENT: SUPPLIES, FOOD & BEV, TRA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2012

Amount of Each Disbursement this Period

968.15

Transaction ID : SB17.I983

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15468.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 135

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. BEST BUY

Mailing Address 2001 SOUTH ROAD

City	State	Zip Code
POUGHKEEPSIE	NY	12601

Purpose of Disbursement
COMPUTER

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2012

Amount of Each Disbursement this Period

378.43

Transaction ID : SB17.I984

[MEMO ITEM]

MEMO: COMPUTER

B. DUTCHESS PRO PRINT

Mailing Address 1708 ROUTE 9

City	State	Zip Code
WAPPINGERS FALLS	NY	12590

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2012

Amount of Each Disbursement this Period

373.41

Transaction ID : SB17.I985

[MEMO ITEM]

MEMO: PRINTING

C. KATELIN P. HARVIE

Mailing Address 109 WOODCREST DRIVE

City	State	Zip Code
HOPEWELL JCT.	NY	12533

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2012

Amount of Each Disbursement this Period

228.00

Transaction ID : SB17.I1011

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

228.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 135

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. NAN HAYWORTH

Mailing Address P.O. BOX 189

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2012

City	State	Zip Code
MOUNT KISCO	NY	10549

Amount of Each Disbursement this Period

1005.22

Purpose of Disbursement
REIMBURSEMENT: FOOD AND BEVERAGE

003

Transaction ID : SB17.I959

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

B. ARTUROOS TAVERN CORP.

Mailing Address 878 ROUTE 6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2012

City	State	Zip Code
MAHOPAC	NY	10541

Amount of Each Disbursement this Period

637.69

Purpose of Disbursement
MEMO: FOOD & BEVERAGE

003

Transaction ID : SB17.I960

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

C. PARK RESTAURANT

Mailing Address 451 MAIN STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2012

City	State	Zip Code
HIGHLAND FALLS	NY	10928

Amount of Each Disbursement this Period

367.53

Purpose of Disbursement
MEMO: FOOD & BEVERAGE

003

Transaction ID : SB17.I961

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1005.22

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. SCOTT D. HAYWORTH

Mailing Address 214 MCLAIN STREET

City	State	Zip Code
MOUNT KISCO	NY	10549

Purpose of Disbursement
REIMBURSEMENT: FOOD & BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2012

Amount of Each Disbursement this Period

1082.22

Transaction ID : SB17.I264

B. BRYANT PARK GRILL

Mailing Address 25 WEST 40TH STREET

City	State	Zip Code
NEW YORK	NY	10018

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2012

Amount of Each Disbursement this Period

1082.22

Transaction ID : SB17.I1017

[MEMO ITEM]

MEMO: FOOD AND BEVERAGE

C. PAMELA JACKSON

Mailing Address 67 DOGWOOD ROAD

City	State	Zip Code
CORTLANOT MANOR	NY	10567

Purpose of Disbursement
SALARY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2012

Amount of Each Disbursement this Period

1666.67

Transaction ID : SB17.I1012

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2748.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. PAMELA JACKSON

Mailing Address 67 DOGWOOD ROAD

City	State	Zip Code
CORTLANOT MANOR	NY	10567

Purpose of Disbursement
SALARY

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2012

Amount of Each Disbursement this Period

692.30

Transaction ID : SB17.I979

Full Name (Last, First, Middle Initial)

B. GUY T. PARISI

Mailing Address 720 MILTON ROAD, #J1

City	State	Zip Code
RYE	NY	10580

Purpose of Disbursement
LEGAL SERVICES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2012

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I991

Full Name (Last, First, Middle Initial)

C. DORY YATSKO

Mailing Address PO BOX 1311

City	State	Zip Code
HOPEWELL JUNCTION	NY	12533

Purpose of Disbursement
INVITATION DESIGN

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2012

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.I981

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5842.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City	State	Zip Code
NEWARK	NJ	07101

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
03 / 05 / 2012

Amount of Each Disbursement this Period

204.50

Transaction ID : SB17.I1002

B. BSB SOLUTIONS

Mailing Address 3538 SOUTH WAKEFIELD ST.

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
03 / 15 / 2012

Amount of Each Disbursement this Period

4725.79

Transaction ID : SB17.I973

SEE BELOW

C. BSB SOLUTIONS

Mailing Address 3538 SOUTH WAKEFIELD ST.

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
03 / 15 / 2012

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.I1019

[MEMO ITEM]

MEMO: COMPLIANCE SERVICES

SUBTOTAL of Disbursements This Page (optional).....

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

4930.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address 3965 AIRWAYS, MODULE G

City	State	Zip Code
MEMPHIS	TN	38116

Purpose of Disbursement
SHIPPING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2012

Amount of Each Disbursement this Period

725.79

Transaction ID : SB17.I974

[MEMO ITEM]

MEMO: SHIPPING

B. COMMISSIONER OF FINANCEMailing Address BOARD OF ELECTIONS
25 COURT LANE, PO BOX 30

City	State	Zip Code
GOSHEN	NY	10924

Purpose of Disbursement
VOTER FILE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2012

Amount of Each Disbursement this Period

16.00

Transaction ID : SB17.I992

C. EDONATIONS.COM

Mailing Address 117 N. SAINT ASAPH STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
ONLINE FUNDRAISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2012

Amount of Each Disbursement this Period

4891.34

Transaction ID : SB17.I155

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4907.34

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. EDONATIONS.COM

Mailing Address 117 N. SAINT ASAPH STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
ONLINE FUNDRAISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2012

Amount of Each Disbursement this Period

766.00

Transaction ID : SB17.I968

B. EDONATIONS.COM

Mailing Address 117 N. SAINT ASAPH STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
ONLINE FUNDRAISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2012

Amount of Each Disbursement this Period

169.74

Transaction ID : SB17.I969

C. EXECUTIVE STAR

Mailing Address 180 E. PROSPECT AVENUE

City	State	Zip Code
MAMARONECK	NY	10543

Purpose of Disbursement
DIRECT MAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2012

Amount of Each Disbursement this Period

6958.34

Transaction ID : SB17.I789

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7894.08

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. FRESHMAN CLASS JFC

Mailing Address 228 S. WASHINGTON STREET, #115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2012

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.I882

B. OCEAN REEF CLUB

Mailing Address 35 OCEAN REEF DR.

City	State	Zip Code
KEY LARGO	FL	33037

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2012

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.I1018

[MEMO ITEM]

MEMO: FOOD & BEVERAGE

C. HYATT HOUSE

Mailing Address 100 WESTGATE BUSINESS CENTER DR.

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2012

Amount of Each Disbursement this Period

679.57

Transaction ID : SB17.I986

SUBTOTAL of Disbursements This Page (optional).....

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

1479.57

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. IN THE FIELD CONSULTING, LLC

Mailing Address 1520 MYRON STREET

City	State	Zip Code
NISKAYUNA	NY	12309

Purpose of Disbursement
CAMPAIGN MANAGEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2012

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I870

B. JIVE COMMUNICATIONS, INC.

Mailing Address 3214 N. UNIVERSITY AVE., #610

City	State	Zip Code
PROVO	UT	84604

Purpose of Disbursement
TELEPHONE EXPENSES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2012

Amount of Each Disbursement this Period

61.47

Transaction ID : SB17.I700

C. JIVE COMMUNICATIONS, INC.

Mailing Address 3214 N. UNIVERSITY AVE., #610

City	State	Zip Code
PROVO	UT	84604

Purpose of Disbursement
TELEPHONE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2012

Amount of Each Disbursement this Period

61.47

Transaction ID : SB17.I956

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5122.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. JIVE COMMUNICATIONS, INC.

Mailing Address 3214 N. UNIVERSITY AVE., #610

City	State	Zip Code
PROVO	UT	84604

Purpose of Disbursement
TELEPHONE EXPENSES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2012

Amount of Each Disbursement this Period

61.47

Transaction ID : SB17.I987

B. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City	State	Zip Code
KNOXVILLE	TN	37920

Purpose of Disbursement
ONLINE FUNDRAISINGCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2012

Amount of Each Disbursement this Period

65.00

Transaction ID : SB17.I1000

C. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City	State	Zip Code
KNOXVILLE	TN	37920

Purpose of Disbursement
ONLINE FUNDRAISINGCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2012

Amount of Each Disbursement this Period

178.62

Transaction ID : SB17.I1001

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

305.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City	State	Zip Code
KNOXVILLE	TN	37920

Purpose of Disbursement
ONLINE FUNDRAISING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2012

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.I953

B. NEW YORK STATE INSURANCE FUND

Mailing Address 15 COMPUTER DRIVE WEST

City	State	Zip Code
ALBANY	NY	12205

Purpose of Disbursement
DISABILITY INSURANCE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2012

Amount of Each Disbursement this Period

77.15

Transaction ID : SB17.I976

C. NEW YORK STATE INSURANCE FUND

Mailing Address 105 CORPORATE PARK DRIVE, #200

City	State	Zip Code
WHITE PLAINS	NY	10604

Purpose of Disbursement
WORKERS COMPENSATION INSURANCE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2012

Amount of Each Disbursement this Period

426.73

Transaction ID : SB17.I977

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

553.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. ORANGE COUNTY CHAMBER OF COMMERCE

Mailing Address 30 SCOTT'S CORNER DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2012

City	State	Zip Code
MONTGOMERY	NY	12549

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
EVENT TICKETSCategory/
Type

Transaction ID : SB17.I975

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

B. PATTON BOGGS, LLP

Mailing Address 2550 M STREET, NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2012

City	State	Zip Code
WASHINGTON	DC	20037

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
LEGAL SERVICESCategory/
Type

Transaction ID : SB17.I104

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2012

City	State	Zip Code
FISHKILL	NY	12524

Amount of Each Disbursement this Period

768.33

Purpose of Disbursement
PAYROLL TAXES

001

Category/
Type

Transaction ID : SB17.I951

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

SUBTOTAL of Disbursements This Page (optional).....

2118.33

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2012

City	State	Zip Code
FISHKILL	NY	12524

Amount of Each Disbursement this Period

159.70

Purpose of Disbursement
PAYROLL SERVICES

001

Transaction ID : SB17.I952

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

B. PAYCHEX

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2012

City	State	Zip Code
FISHKILL	NY	12524

Amount of Each Disbursement this Period

75.15

Purpose of Disbursement
PAYROLL SERVICES

001

Transaction ID : SB17.I962

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2012

City	State	Zip Code
FISHKILL	NY	12524

Amount of Each Disbursement this Period

1245.84

Purpose of Disbursement
PAYROLL TAXES

001

Transaction ID : SB17.I966

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1480.69

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

Date of Disbursement

M M	D D	Y Y Y Y
03	19	2012

City	State	Zip Code
FISHKILL	NY	12524

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL TAXES

001

117.78

Transaction ID : SB17.I980

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

B. PAYCHEX, INC.

Mailing Address 911 PANORAMA TRAIL, S.

Date of Disbursement

M M	D D	Y Y Y Y
03	29	2012

City	State	Zip Code
ROCHESTER	NY	14625

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL TAXESCategory/
Type

1527.68

Transaction ID : SB17.I1013

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

C. PAYCHEX, INC.

Mailing Address 911 PANORAMA TRAIL, S.

Date of Disbursement

M M	D D	Y Y Y Y
01	31	2012

City	State	Zip Code
ROCHESTER	NY	14625

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL TAXESCategory/
Type

31.26

Transaction ID : SB17.I350

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

SUBTOTAL of Disbursements This Page (optional).....

1676.72

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. PAYCHEX, INC.

Mailing Address 911 PANORAMA TRAIL, S.

City	State	Zip Code
ROCHESTER	NY	14625

Purpose of Disbursement
PAYROLL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2012

Amount of Each Disbursement this Period

75.13

Transaction ID : SB17.I351

B. PAYCHEX, INC.

Mailing Address 911 PANORAMA TRAIL, S.

City	State	Zip Code
ROCHESTER	NY	14625

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2012

Amount of Each Disbursement this Period

459.69

Transaction ID : SB17.I352

C. PAYCHEX, INC.

Mailing Address 911 PANORAMA TRAIL, S.

City	State	Zip Code
ROCHESTER	NY	14625

Purpose of Disbursement
PAYROLL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2012

Amount of Each Disbursement this Period

75.15

Transaction ID : SB17.I978

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

609.97

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 135

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. PUTNAM SELF STORAGE

Mailing Address P.O. BOX 749

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2012

City	State	Zip Code
CARMEL	NY	10512

Amount of Each Disbursement this Period

298.00

Purpose of Disbursement
STORAGE

001

Transaction ID : SB17.I958

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

B. PUTNAM SELF STORAGE

Mailing Address P.O. BOX 749

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2012

City	State	Zip Code
CARMEL	NY	10512

Amount of Each Disbursement this Period

149.00

Purpose of Disbursement
STORAGE

001

Transaction ID : SB17.I988

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

Full Name (Last, First, Middle Initial)

C. ROBERT WATKINS & COMPANY, P.A.

Mailing Address 610 S. BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2012

City	State	Zip Code
TAMPA	FL	33606

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
ACCOUNTING SERVICESCategory/
Type

Transaction ID : SB17.I178

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District: 00

SUBTOTAL of Disbursements This Page (optional).....

3447.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. ROBERT WATKINS & COMPANY, P.A.

Mailing Address 610 S. BOULEVARD

City	State	Zip Code
TAMPA	FL	33606

Purpose of Disbursement
POSTAGE/DELIVERY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2012

Amount of Each Disbursement this Period

181.09

Transaction ID : SB17.I179

B. TD BANK

Mailing Address P.O. BOX 746

City	State	Zip Code
KEENE	NH	03431

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2012

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I1014

C. TD BANK

Mailing Address P.O. BOX 746

City	State	Zip Code
KEENE	NH	03431

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2012

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I1015

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

231.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. TD BANK

Mailing Address P.O. BOX 746

City	State	Zip Code
KEENE	NH	03431

Purpose of Disbursement
BANK FEES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2012

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I998

B. THE HALLISEY GROUP

Mailing Address 38 E. 85TH STREET, #5E

City	State	Zip Code
NEW YORK	NY	10028

Purpose of Disbursement
FUNDRAISING CONSULTINGCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2012

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.I865

C. THE HALLISEY GROUP

Mailing Address 38 E. 85TH STREET, #5E

City	State	Zip Code
NEW YORK	NY	10028

Purpose of Disbursement
FUNDRAISING CONSULTINGCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2012

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.I867

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15025.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 125 OF 135

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. THE HALLISEY GROUP

Mailing Address 38 E. 85TH STREET, #5E

City	State	Zip Code
NEW YORK	NY	10028

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2012

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.I967

B. THE MANAGEMENT COMPANIES

Mailing Address 78 NORTH STATE ROAD

City	State	Zip Code
BRIARCLIFF MANOR	NY	10510

Purpose of Disbursement
RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2012

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.I982

C. THE TOWNSEND GROUP, INC.

Mailing Address P.O. BOX 517

City	State	Zip Code
CORNWALL ON HUDSON	NY	12520

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2012

Amount of Each Disbursement this Period

10193.79

Transaction ID : SB17.I1016

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20693.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 126 OF 135

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. THE TOWNSEND GROUP

Mailing Address 1006 PENDLETON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
FUNDRAISING CONSULTING

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2012

Amount of Each Disbursement this Period

4669.39

Transaction ID : SB17.I954

B. THE TOWNSEND GROUP

Mailing Address 1006 PENDLETON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
FUNDRAISING CONSULTING

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2012

Amount of Each Disbursement this Period

3191.24

Transaction ID : SB17.I955

C. TWENTY-FIRST CENTURY GROUP, INC.

Mailing Address 434 NEW JERSEY AVENUE, SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
CATERINGCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2012

Amount of Each Disbursement this Period

525.00

Transaction ID : SB17.I880

SUBTOTAL of Disbursements This Page (optional).....

8385.63

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 127 OF 135

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. XPRESS PRINTING

Mailing Address 593 ROUTE 6

City	State	Zip Code
MAHOPAC	NY	10541

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2012

Amount of Each Disbursement this Period

84.53

Transaction ID : SB17.I848

B. XPRESS PRINTING

Mailing Address 593 ROUTE 6

City	State	Zip Code
MAHOPAC	NY	10541

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2012

Amount of Each Disbursement this Period

73.32

Transaction ID : SB17.I849

C. DEPOSITORY TRUST & CLEARING CORP.

Mailing Address 601 13TH ST., NW, STE. 580 SOUTH

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2012

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.5196

MEMO: INKIND FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

807.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 135

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)

A. ROSKAM PAC

Mailing Address P.O. BOX 1011

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2012

City	State	Zip Code
WHEATON	IL	60187

Amount of Each Disbursement this Period

1516.07

Purpose of Disbursement
IN-KIND CONTRIBUTIONCategory/
Type

Transaction ID : SB17.5197

Candidate Name

MEMO: IN-KIND FOOD & BEVERAGE

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District: 00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

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

1516.07

126119.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 129 OF 135

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

A. ROBERT J. BISHOP

Mailing Address 628 WEST ROAD

City	State	Zip Code
NEW CANAAN	CT	06840

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2012

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB20A.I1003

B. BRUCE M. NAKFOOR

Mailing Address 340 COLONY DRIVE

City	State	Zip Code
NAPLES	FL	34108

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2012

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20A.I199

C. ELIZABETH M. STERN

Mailing Address 450 FORT HILL ROAD

City	State	Zip Code
SCARSDALE	NY	10583

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		11		2012

Amount of Each Disbursement this Period

300.00

Transaction ID : SB20A.I719

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5200.00

5200.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 130 OF 135

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 14

Friends of Nan Hayworth

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

PRIMARY 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

110000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

110000.00

TERMS

Date Incurred

M 09 / D 26 / Y 2009 Y

Date Due

M 12 / D 31 / Y 2012 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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)..... ►

110000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 131 OF 135

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 15

Friends of Nan Hayworth

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

PRIMARY 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

M / D / Y
09 / 30 / 2009

Date Due

M / D / Y
12 / 31 / 2012

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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)..... ►

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 132 OF 135

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 16

Friends of Nan Hayworth

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼

PRIMARY 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M 12 / D 31 / Y 2009

Date Due

M 12 / D 31 / Y 2012

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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)..... ►

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 133 OF 135

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 28

Friends of Nan Hayworth

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

GENERAL 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

M 03 /

D 31 /

Y 2010 Y

Date Due

M 12 /

D 31 /

Y 2012 Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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)..... ►

150000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 134 OF 135

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC 30

Friends of Nan Hayworth

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼

GENERAL 2010

Mailing Address

P.O. Box 189

City

State

ZIP Code

Mount Kisco

NY

10549

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M / D / Y
06 / 30 / 2010

Date Due

M / D / Y
12 / 31 / 2012

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
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)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

500000.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

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

Scott D. HayworthNature of Debt (Purpose):
food & beverage

Mailing Address 214 McLain Street

City State

Zip Code

Mount Kisko

NY

10549

Outstanding Balance Beginning This Period

1082.22

Transaction ID : 002

Amount Incurred This Period

0.00

Payment This Period

1082.22

Outstanding Balance at Close of This Period

0.00

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

Executive StarNature of Debt (Purpose):
direct mail services

Mailing Address 180 E. Prospect Avenue

City State

Zip Code

Mamaroneck

NY

10543

Outstanding Balance Beginning This Period

6958.34

Transaction ID : 003

Amount Incurred This Period

0.00

Payment This Period

6958.34

Outstanding Balance at Close of This Period

0.00

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

The Townsend GroupNature of Debt (Purpose):
fundraising consulting

Mailing Address 1006 Pendleton Street

City

State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

4669.39

Transaction ID : 001

Amount Incurred This Period

0.00

Payment This Period

4669.39

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶