

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

Lemondes for Congress

ADDRESS (number and street)

P.O. Box 152

Check if different than previously reported. (ACC)

Syracuse

NY

13201

2. FEC IDENTIFICATION NUMBER ▼

C C00557488

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

24

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

through

M M /

D D /

Y Y Y Y

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 Michael Barbato

Signature of Treasurer Michael Barbato

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Write or Type Committee Name
Lemondes for Congress

Report Covering the Period: From: / / To: / /

	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))....	8225.00	8225.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8225.00	8225.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15575.09	15575.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15575.09	15575.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2649.91	
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).....	10000.00	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Lemondes for Congress

Report Covering the Period: From: / / To: / /

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).....	7500.00	7500.00
(ii) Unitemized.....	725.00	725.00
(iii) TOTAL of contributions from individuals ▶	8225.00	8225.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8225.00	8225.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	10000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	18225.00	18225.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15575.09	15575.09
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	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15575.09	15575.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18225.00
25. SUBTOTAL (add Line 23 and Line 24).....	18225.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15575.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2649.91

**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 5 OF 16
	<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	

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)
Lemondes for Congress

A. Full Name (Last, First, Middle Initial)
Sean Fromm

Mailing Address 8806 Lowell St.

City State Zip Code
Bethesda MD 20817

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

Name of Employer self Occupation businessman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
 2600.00
 contribution

B. Full Name (Last, First, Middle Initial)
Nancy Hourigan

Mailing Address 878 Gorham Road

City State Zip Code
Elbridge NY 13060

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

Name of Employer self Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
 1000.00
 check

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

Mailing Address 111 Harriet St

City State Zip Code
Syracuse NY 13219

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

Name of Employer self Occupation Office Interiors

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
198.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
 198.00
 In-kind - laser cartridge
[MEMO ITEM]

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

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

3600.00

**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 6 OF 16
	<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)
Lemondes for Congress

A. Full Name (Last, First, Middle Initial)
Larry Losty

Mailing Address 111 Harriet St

City State Zip Code
Syracuse NY 13219

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

Name of Employer self Occupation
self Office Interiors

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
348.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period
 150.00

In-kind - rent

B. Full Name (Last, First, Middle Initial)
Larry Losty

Mailing Address 111 Harriet St

City State Zip Code
Syracuse NY 13219

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

Name of Employer self Occupation
self Office Interiors

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
498.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
 150.00

In-kind - rent

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

Mailing Address 111 Harriett St.

City State Zip Code
Syracuse NY 13219

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

Name of Employer self Occupation
self office interiors

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
490.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
 490.00

In-kind - stamps

[MEMO ITEM]

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

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

300.00

**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 7 OF 16
	<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)
Lemondes for Congress

A. Full Name (Last, First, Middle Initial)
Cathleen McCormick

Mailing Address 8806 Lowell St.

City State Zip Code
Bethesda MD 20817

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

Name of Employer self Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period
 2600.00
 contribution

B. Full Name (Last, First, Middle Initial)
Robert Muller

Mailing Address 43 SilverRidge

City State Zip Code
Weston CT 06883

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

Name of Employer Credit Suisse Occupation Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period
 1000.00
 contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3600.00

7500.00

**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 8 OF 16
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Lemondes for Congress

A. Full Name (Last, First, Middle Initial)
John Lemondes

Mailing Address Eager Road

City Jamesville State NY Zip Code 13078

FEC ID number of contributing federal political committee. **C H4NY24107**

Name of Employer self Occupation business owner/farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2014

Transaction ID : SA13A.4188

Amount of Each Receipt this Period
 10000.00
 candidate loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

10000.00

10000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lemondes for Congress

Full Name (Last, First, Middle Initial) A. 22nd Century Project			Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address 156 Franklin St.			Amount of Each Disbursement this Period 2000.00	
City Auburn	State NY	Zip Code 13021	Transaction ID : SB17.4117	
Purpose of Disbursement media consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. 22nd Century Project			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 156 Franklin St.			Amount of Each Disbursement this Period 1000.00	
City Auburn	State NY	Zip Code 13021	Transaction ID : SB17.4125	
Purpose of Disbursement media consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. 22nd Century Project			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 156 Franklin St.			Amount of Each Disbursement this Period 1000.00	
City Auburn	State NY	Zip Code 13021	Transaction ID : SB17.4127	
Purpose of Disbursement media consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4000.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lemondes for Congress

Full Name (Last, First, Middle Initial) A. 22nd Century Project		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 156 Franklin St.		Amount of Each Disbursement this Period 168.61 Transaction ID : SB17.4128
City Auburn State NY Zip Code 13021	Purpose of Disbursement office expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BQE, Inc		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address P.O. Box 2074		Amount of Each Disbursement this Period 986.77 Transaction ID : SB17.4148
City Wilton State NY Zip Code 12831	Purpose of Disbursement travel expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Casale Group		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 72 Fair St.		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4121
City Cooperstown State NY Zip Code 13326	Purpose of Disbursement social media consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2405.38
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 Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Lemondes for Congress

Full Name (Last, First, Middle Initial) A. Casale Group			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014		
Mailing Address 72 Fair St.			Amount of Each Disbursement this Period 1250.00		
City Cooperstown	State NY	Zip Code 13326	Transaction ID : SB17.4132		
Purpose of Disbursement social media consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Crane Analytics			Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014		
Mailing Address 4946 Wyffels Road			Amount of Each Disbursement this Period 2000.00		
City Canandaigua	State NY	Zip Code 14424	Transaction ID : SB17.4123		
Purpose of Disbursement campaign consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Crane Analytics			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014		
Mailing Address 4946 Wyffels Road			Amount of Each Disbursement this Period 1000.00		
City Canandaigua	State NY	Zip Code 14424	Transaction ID : SB17.4126		
Purpose of Disbursement campaign consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	4250.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lemondes for Congress

Full Name (Last, First, Middle Initial) A. Crane Analytics			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address 4946 Wyffels Road			Amount of Each Disbursement this Period 2000.00	
City Canandaigua	State NY	Zip Code 14424	Transaction ID : SB17.4129	
Purpose of Disbursement campaign consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Crane Analytics			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 4946 Wyffels Road			Amount of Each Disbursement this Period 500.00	
City Canandaigua	State NY	Zip Code 14424	Transaction ID : SB17.4145	
Purpose of Disbursement campaign consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Crane Analytics			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014	
Mailing Address 4946 Wyffels Road			Amount of Each Disbursement this Period 750.00	
City Canandaigua	State NY	Zip Code 14424	Transaction ID : SB17.4149	
Purpose of Disbursement campaign consulting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3250.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lemondes for Congress

Full Name (Last, First, Middle Initial) A. Custom Graphics, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 632 Route 146A		Amount of Each Disbursement this Period 858.82
City Clifton Park State NY Zip Code 12065	Purpose of Disbursement letterhead and envelopes	
Candidate Name	Category/Type 001	Transaction ID : SB17.4130
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Letters Signs & Specialities		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 805 South 4th St.		Amount of Each Disbursement this Period 207.36
City Fulton State NY Zip Code 13069	Purpose of Disbursement banners & signs	
Candidate Name	Category/Type 006	Transaction ID : SB17.4119
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Larry Losty		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 111 Harriet St		Amount of Each Disbursement this Period 198.00
City Syracuse State NY Zip Code 13219	Purpose of Disbursement In-kind - laser cartridge	
Candidate Name	Category/Type	Transaction ID : SB17.4114 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1066.18
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 Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Lemondes for Congress

Full Name (Last, First, Middle Initial) A. Larry Losty		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 111 Harriet St		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4109
City Syracuse	State NY	
Purpose of Disbursement In-kind - rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Larry Losty		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 111 Harriet St		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4107
City Syracuse	State NY	
Purpose of Disbursement In-kind - rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Pam Losty		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 111 Harriett St.		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.4112 [MEMO ITEM]
City Syracuse	State NY	
Purpose of Disbursement In-kind - stamps	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lemondes for Congress

Full Name (Last, First, Middle Initial) A. PayPal		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 2211 North First St.		Amount of Each Disbursement this Period 6.10 Transaction ID : SB17.4143
City San Jose State CA Zip Code 95131	Purpose of Disbursement fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address 2211 North First St.		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.4144
City San Jose State CA Zip Code 95131	Purpose of Disbursement fee 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7.85
TOTAL This Period (last page this line number only).....	15279.41

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Lemondes for Congress** Transaction ID : **SC/10.4188**

LOAN SOURCE Full Name (Last, First, Middle Initial) **John Lemondes** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
Eager Road

City State ZIP Code
Jamesville NY 13078

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS

Date Incurred: M 02 / D 13 / Y 2014
 Date Due: M / D / Y 12/31/2014
 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).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	10000.00

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