

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 511

Check if different than previously reported. (ACC)

CHESTER

NY

10918

2. **FEC IDENTIFICATION NUMBER**

C C00466490

CITY

STATE

ZIP CODE

STATE DISTRICT

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

NY

18

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

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

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

Election on 11 / 04 / 2014 in the State of NY

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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 BRADLEY T. CRATE

Signature of Treasurer BRADLEY T. CRATE

[Electronically Filed]

Date

11 / 28 / 2014

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

	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))....	90732.90	1635030.64
(b) Total Contribution Refunds (from Line 20(d))	0.00	17050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	90732.90	1617980.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	498697.27	1942827.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16992.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	498697.27	1925835.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	427804.29	
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).....	1170319.48	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

Report Covering the Period: From: / / 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).....	72474.00	1226910.91
(ii) Unitemized.....	3225.00	57995.39
(iii) TOTAL of contributions from individuals ▶	75699.00	1284906.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	273114.43
(d) The Candidate.....	33.90	77009.91
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	90732.90	1635030.64
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	48.07	15527.65
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	632060.84
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	632060.84
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	16992.25
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	51.09
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	90780.97	2299662.47

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	498697.27	1942827.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	63500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	63500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	12050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	17050.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	498697.27	2023377.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	835720.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	90780.97
25. SUBTOTAL (add Line 23 and Line 24).....	926501.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	498697.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	427804.29

**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 67
	<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)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
JUDITH B. ABEL

Mailing Address **200 DIPLOMAT DRIVE**
5K

City **MOUNT KISCO** State **NY** Zip Code **10549**

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

Name of Employer **SELF** Occupation **MUSICIAN/TEACHER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
475.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.18322

Amount of Each Receipt this Period
50.00

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

Mailing Address **4363 MARINERS COVE DRIVE**

City **WELLINGTON** State **FL** Zip Code **33449**

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

Name of Employer **VITAL, MD** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 07 / 2014

Transaction ID : SA11AI.18294

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TRACY KULVIN ALBERS

Mailing Address **48 LAKEVIEW AVE.**

City **PIEDMONT** State **CA** Zip Code **94611**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.18255

Amount of Each Receipt this Period
500.00

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

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

800.00

**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 67
	<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

A. Full Name (Last, First, Middle Initial)
JOHN J. ATHERTON

Mailing Address **16 COACHLIGHT DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-4241**

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

Name of Employer **RETIRED** Occupation **RETIRED**

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
10 / 11 / 2014

Transaction ID : SA11AI.18362

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
REGINA A. AURISICCHIO

Mailing Address **11 BRIAN COURT**

City **CARMEL** State **NY** Zip Code **10512**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.18250

Amount of Each Receipt this Period
250.00

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

Mailing Address **P.O. BOX 818**

City **KATONAH** State **NY** Zip Code **10536-0818**

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

Name of Employer **ANDOR CAPITAL MANAGEMENT** Occupation **CHAIRMAN & CEO**

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
10 / 14 / 2014

Transaction ID : SA11AI.18389

Amount of Each Receipt this Period
2600.00

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

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

3350.00

**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 67
	<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) A. DOMINICK A. BERTOLINE		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 132 BANNON AVENUE		Transaction ID : SA11A1.18290	
City BUCHANAN	State NY	Zip Code 10511-1302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer D. BERTOLINE & SONS	Occupation C.E.O.		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. MR. THOMAS ROGER BLOCK		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address SOUTH TOWER 499 SEVENTH AVENUE 21ST FLOOR		Transaction ID : SA11A1.18418	
City NEW YORK	State NY	Zip Code 10018	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer BLOCK BUILDINGS LLC	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. JOSEPH BOYLAN		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 2037 ROUTE 94		Transaction ID : SA11A1.18314	
City SALISBURY MILLS	State NY	Zip Code 12577	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer BOYLAN DEVELOPMENT SERVICES INC.	Occupation PROJECT MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 67
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
KEVIN BOYLE

Mailing Address 82 EAST RIDGE ROAD

City State Zip Code
WACCABUC NY 10597

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

Name of Employer Occupation
EAST RIDGE INVESTMENTS, LLC INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.18344

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHARLES R. BRONFMAN

Mailing Address 501 NORTH LAKE WAY

City State Zip Code
PALM BEACH FL 33480

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
 10 / 15 / 2014

Transaction ID : SA11AI.18437

Amount of Each Receipt this Period
1000.00

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

Mailing Address 20 HIGH MEADOWS RD

City State Zip Code
MT KISCO NY 10549

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2014

Transaction ID : SA11AI.18371

Amount of Each Receipt this Period
50.00

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

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

1550.00

**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 9 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
DEBORAH CARSTENS

Mailing Address 7101 N DESERT FAIRWAYS DR

City State Zip Code
PARADISE VLY AZ 85253

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 01 2014

Transaction ID : SA11A1.18256

Amount of Each Receipt this Period
500.00

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

Mailing Address 45 THERESA BLVD

City State Zip Code
WAPPINGERS FALLS NY 12590

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

Name of Employer Occupation
BEN CICCONE INC PRESIDENT

Receipt For: 2014
 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
10 14 2014

Transaction ID : SA11A1.18481

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROY C. COFFEE III

Mailing Address 770 5TH ST NW
APT 1002

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation
COFFEE & ASSOCIATES PRINCIPAL

Receipt For: 2014
 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
10 13 2014

Transaction ID : SA11A1.18440

Amount of Each Receipt this Period
500.00

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

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

2000.00

**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 10 OF 67
	<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) ROBERT K. COHEN		Date of Receipt M M / D D / Y Y Y Y 10 / 05 / 2014	
Mailing Address 29 CHERRY LAWN BLVD		Transaction ID : SA11AI.18285	
City NEW ROCHELLE	State NY	Zip Code 10804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SELF EMPLOYED	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) DR. MITCHELL D. COHN		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 76 VALLEY LANE		Transaction ID : SA11AI.18249	
City CHAPPAQUA	State NY	Zip Code 10514	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NORTHEASTERN ANESTHESIA SERVICE	Occupation ANESTHESIOLOGIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) JOSEPH A. COMERFORD		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 1223 ROUTE 82		Transaction ID : SA11AI.18320	
City HOPEWELL JUNCTION	State NY	Zip Code 12533	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 395.00		

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 11 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
MICHAEL CUNNINGHAM

Mailing Address 19 AILISH LANE

City State Zip Code
BREWSTER NY 10509

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

Name of Employer Occupation
ARC OF WESTCHESTER SOCIAL WORKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11A1.18384

Amount of Each Receipt this Period
500.00

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

Mailing Address 4875 PELICAN COLONY BLVD
APT. 2004

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11A1.18378

Amount of Each Receipt this Period
1000.00

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

Mailing Address 64 WEST SHORE DR

City State Zip Code
PUTNAM VALLEY NY 10579

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

Name of Employer Occupation
EFT NETWORK CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
13800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11A1.18325

Amount of Each Receipt this Period
5200.00

SEE BELOW FOR REDESIGNATION; EXCESS OF \$3.300 REFUNDED 11/1/2014

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

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

6700.00

**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 12 OF 67
	<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) A. STEVEN DAVIS		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 64 WEST SHORE DR		Transaction ID : SA11AI.18325.0	
City PUTNAM VALLEY	State NY	Zip Code 10579	Amount of Each Receipt this Period _____ -1900.00 SEE REDESIGNATION BELOW [MEMO ITEM]
FEC ID number of contributing federal political committee. C			
Name of Employer EFT NETWORK	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 11900.00		

Full Name (Last, First, Middle Initial) B. STEVEN DAVIS		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 64 WEST SHORE DR		Transaction ID : SA11AI.18325.1	
City PUTNAM VALLEY	State NY	Zip Code 10579	Amount of Each Receipt this Period _____ 1900.00 REDESIGNATED: DEBT RETIREMENT [MEMO ITEM]
FEC ID number of contributing federal political committee. C			
Name of Employer EFT NETWORK	Occupation CEO		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 13800.00		

Full Name (Last, First, Middle Initial) C. NICHOLAS J. DELUCCIA		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 18 STONEHEDGE DR		Transaction ID : SA11AI.18479	
City POUGHKEEPSIE	State NY	Zip Code 12603	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer MID HUDSON CONSTRUCTION	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1000.00
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 13 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
CAMILLE DEMARTINO

Mailing Address P.O. BOX 518

City State Zip Code
LINCOLNDALE NY 10540

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.18251

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
JOHN M. FIGLIACCONI

Mailing Address 115 NORTH MAIN ST

City State Zip Code
FLORIDA NY 10921

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.18454

Amount of Each Receipt this Period
250.00

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

Mailing Address 41 TAMARACK ROAD

City State Zip Code
MAHOPAC NY 10541

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.18257

Amount of Each Receipt this Period
100.00

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

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

2350.00

**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 14 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
ALFRED A. FUSCO JR.

Mailing Address 19 WAYWAYUP LANE

City PORT JERVIS State NY Zip Code 12771

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.18468

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
DR. JENNIFER B. GANNON

Mailing Address 83 FAIRWAY DRIVE

City STAMFORD State CT Zip Code 06903

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 04 / 2014

Transaction ID : SA11AI.18281

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 MUNICIPAL PLACE

City CROTON ON HUDSON State NY Zip Code 10520

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

Name of Employer CROTON AUTO PARK Occupation AUTO DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.18352

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 15 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
LOUIS GIORDANO

Mailing Address 1135 BRIDGE POINTE LANE

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer CROTON AUTO PARK Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.18353

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CLIFFORD C. GOROVOY

Mailing Address P.O. BOX 402

City MONROE State NY Zip Code 10949

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
 10 / 13 / 2014

Transaction ID : SA11AI.18466

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5 RUSTLING LANE

City BEDFORD State NY Zip Code 10506

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2014

Transaction ID : SA11AI.18372

Amount of Each Receipt this Period
250.00

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 16 OF 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MARK GREINITZ

Mailing Address 11041 NW 7 STREET

City PLANTATION State FL Zip Code 33324-8103

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

Name of Employer WESTSIDE OB/GYN GROUP, L.L.C. Occupation PHYSICIAN

Receipt For: 2014
 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
 10 / 07 / 2014

Transaction ID : SA11AI.18295

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
JEAN CLAUDE GRUFFAT

Mailing Address 923 5TH AV

City NEW YORK State NY Zip Code 10021

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 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
 10 / 10 / 2014

Transaction ID : SA11AI.18316

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
CHARLES F. GUNTHER

Mailing Address P.O. BOX 521

City CROTON FALLS State NY Zip Code 10519-0521

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 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
 10 / 14 / 2014

Transaction ID : SA11AI.18385

Amount of Each Receipt this Period
 _____ 300.00

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

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

_____ 1550.00

**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 17 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
JOHN HAGAN

Mailing Address 409 NW BRIARCLIFF PARKWAY

City KANSAS CITY State MO Zip Code 64116

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

Name of Employer DISCOVER VISION CENTERS Occupation EYE SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11Al.18334

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR. MICHAEL HEALY M.D.

Mailing Address 495 MAIN STREET

City MOUNT KISCO State NY Zip Code 10549

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11Al.18405

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHN P. JOHNSON

Mailing Address 120 E 36TH ST
NO. 9B

City NEW YORK State NY Zip Code 10016

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11Al.18444

Amount of Each Receipt this Period
250.00

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

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

1350.00

**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 18 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
PAUL JOHNSON

Mailing Address 19 BRADFORD COURT

City State Zip Code
BREWSTER NY 10509

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

Name of Employer Occupation
VERIZON DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.18332

Amount of Each Receipt this Period
100.00

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

Mailing Address 115 CENTRAL PARK WEST
APT 3D

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
PAUL, WEISS, RIFKIND, WHARTON & GARRI ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.18420

Amount of Each Receipt this Period
1000.00

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

Mailing Address 87 BEDFORD ROAD

City State Zip Code
KATONAH NY 10536

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

Name of Employer Occupation
SELF-EMPLOYED BUILDING CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.18408

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 19 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
SUE W. KELLY

Mailing Address **187 JAY STREET**

City **KATONAH** State **NY** Zip Code **10536-3702**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.18431

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GEORGE W. KETCHUM

Mailing Address **P.O. BOX 288**

City **SUGAR LOAF** State **NY** Zip Code **10981**

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

Name of Employer **PDJ COMPONENTS** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.18409

Amount of Each Receipt this Period
500.00

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

Mailing Address **45 TOWER HILL ROAD**

City **SCARBOROUGH** State **NY** Zip Code **10510**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 11 / 2014

Transaction ID : SA11AI.18363

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**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 20 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
SHARON KILMER

Mailing Address 200 E. 69TH STREET, #33B

City State Zip Code
NEW YORK NY 10021-5746

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ANGELO, GORDON & CO. INVESTMENT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18263

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
BRUCE A. KOLKMANN

Mailing Address 37 E. HUDSON HARBOUR DRIVE

City State Zip Code
POUGHKEEPSIE NY 12601-5379

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RAYMOND OPTICIANS, INC. PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18450

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DR. JERRY J. KOPELMAN

Mailing Address 7600 LANDMARK WAY

City State Zip Code
GREENWOOD VILLAGE CO 80111

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18296

Amount of Each Receipt this Period

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 21 OF 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
BRIAN LANDRY

Mailing Address 43 GLENWOOD LANE

City KATONAH State NY Zip Code 10536

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

Name of Employer ALLIANZ OF AMERICA Occupation TRADER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 12 / 2014

Transaction ID : SA11AI.18375

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KIMBALL ANN LANE

Mailing Address 1540 BROADWAY FL 11

City NEW YORK State NY Zip Code 10036

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.18446

Amount of Each Receipt this Period
250.00

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

Mailing Address 5 LANE GATE ROAD

City WAPPINGER FALLS State NY Zip Code 12590

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

Name of Employer HERB REDI PROPERTIES Occupation PROPERTY MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 03 / 2014

Transaction ID : SA11AI.18276

Amount of Each Receipt this Period
500.00

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 22 OF 67
	<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) ROBBIN LAWSON		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 2301 SPANISH RIVER RD		Transaction ID : SA11AI.18348
City BOCA RATON	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) SETH LEDERMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 166 E 96TH ST.		Transaction ID : SA11AI.18365
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer TONIX PHARMA	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) DR. THOMAS LEE		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 90 SAGAMORE ROAD		Transaction ID : SA11AI.18265
City BRONXVILLE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NEW YORK NEUROLOGICAL SURGERY, PC	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00	

SUBTOTAL of Receipts This Page (optional).....	4600.00
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 23 OF 67
	<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) A. HEIDI LEEDS		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 23 BARLOW LANE		Transaction ID : SA11AI.18377	
City RYE	State NY	Zip Code 10580	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer KORN FERRY	Occupation RECRUITER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. PATRICIA LEVINE		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2014	
Mailing Address 20 LARCH COURT		Transaction ID : SA11AI.18357	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 275.00		

Full Name (Last, First, Middle Initial) C. JANET S. LEVY		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 14 DEVOE ROAD		Transaction ID : SA11AI.18252	
City CHAPPAQUA	State NY	Zip Code 10514	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4100.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1350.00
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 24 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
LEORA LEVY

Mailing Address 59 PECKSLAND ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **4680.23**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.18399

Amount of Each Receipt this Period
 500.00

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

Mailing Address 19 HUNTWOOD PLACE

City MOUNT VERNON State NY Zip Code 10552

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

Name of Employer **SELF-EMPLOYED** Occupation **MANAGEMENT CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.18400

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
MARC S. LIPSCHULTZ

Mailing Address 9 WEST 57TH ST
STE 4200

City NEW YORK State NY Zip Code 10019

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

Name of Employer **KOHLBERG KRAVIS ROBERTS & CO** Occupation **INVESTMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.18474

Amount of Each Receipt this Period
 1000.00

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: (check only one)	PAGE 25 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
ANNE MAHONEY

Mailing Address **6 COMANCHE COURT**

City **Katonah** State **NY** Zip Code **10536**

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

Name of Employer **MKMG** Occupation **REGISTERED NURSE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11Al.18253

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR. BELLA M. MALITS

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 **PAIN MANAGEMENT SPECIALIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11Al.18403

Amount of Each Receipt this Period
250.00

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

Mailing Address **2C HERITAGE HILLS DRIVE**

City **SOMERS** State **NY** Zip Code **10589**

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

Name of Employer **MOUNT KISCO MEDICAL GROUP** Occupation **PHYSICIAN**

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
10 / 10 / 2014

Transaction ID : SA11Al.18329

Amount of Each Receipt this Period
500.00

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 26 OF 67
	<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) PAUL MASSEY		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 76 SHORE DRIVE		Transaction ID : SA11AI.18305	
City LARCHMONT	State NY	Zip Code 10538	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MASSEY REALTY	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) DAVID L. MATHUS		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 111 E 80TH ST. APT 2A.		Transaction ID : SA11AI.18435	
City NEW YORK	State NY	Zip Code 10075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MCDERMOTT WILL & EMERY	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) PETER W. MAY		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 146 CENTRAL PARK W #15E		Transaction ID : SA11AI.18415	
City NEW YORK	State NY	Zip Code 10023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer TRIAN PARTNERS	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 27 OF 67
	<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) A. JAMES L. MCGRANE		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 33 LINDY DRIVE		Transaction ID : SA11AI.18386	
City CARMEL	State NY	Zip Code 10512	Amount of Each Receipt this Period _____ 1500.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer MCGRANE CONSULTING, LLC	Occupation CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1750.00		

Full Name (Last, First, Middle Initial) B. FLOYD W. MCKINNON		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 2 STONY GATE OVAL		Transaction ID : SA11AI.18430	
City NEW ROCHELLE	State NY	Zip Code 10804	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer COTSWORLD	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1700.00		

Full Name (Last, First, Middle Initial) C. JAMES MCKINNON		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 91 EDGERSTOUNE RD		Transaction ID : SA11AI.18291	
City PRINCETON	State NJ	Zip Code 08540	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer COTSWOLD INDUSTRIES	Occupation TEXTILES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

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)	PAGE 28 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
MARTHA MCKINNON

Mailing Address 91 EDGERSTOUNE ROAD

City State Zip Code
PRINCETON NJ 08540

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

Name of Employer Occupation
SELF-EMPLOYED INTERIOR DESIGNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11A1.18475

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3902 FLOYD ST

City State Zip Code
HOUSTON TX 77007

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

Name of Employer Occupation
LIME ROCK MANAGEMENT LP INVESTMENT PROFESSIONAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11A1.18338

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
MR. DANIEL B. MCMANUS

Mailing Address 4 WOODS BRIDGE ROAD

City State Zip Code
KATONAH NY 10536

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

Name of Employer Occupation
CLARK ASSOCIATES FUNERAL HOME DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11A1.18476

Amount of Each Receipt this Period
500.00

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

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

3500.00

**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 29 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
JOHN MCMANUS

Mailing Address 2082 GRACE MANOR COURT

City State Zip Code
MCLEAN VA 22101

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

Name of Employer Occupation
MCMANUS GROUP CONSULTING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.18333

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. BOX 657

City State Zip Code
CROSS RIVER NY 10518

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5700.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.18393

Amount of Each Receipt this Period
100.00

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

Mailing Address 399 LONG RIDGE ROAD

City State Zip Code
BEDFORD NY 10506

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

Name of Employer Occupation
HOULIHAN LAWRENCE REAL ESTATE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11AI.18275

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 30 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
MICHAEL MILLETTE

Mailing Address 80 RIDGE ROAD

City State Zip Code
NEW ROCHELLE NY 10804

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

Name of Employer Occupation
GOLDMAN, SACHS & CO BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 04 / 2014

Transaction ID : SA11AI.18282

Amount of Each Receipt this Period
500.00

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

Mailing Address 4 BERNADETTE WAY

City State Zip Code
WASHINGTONVILLE NY 10992

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.18438

Amount of Each Receipt this Period
25.00

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

Mailing Address 11 ARGYLE PLACE

City State Zip Code
BRONXVILLE NY 10708-4200

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

Name of Employer Occupation
ARSENAL CAPITAL MANAGMENT INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.18398

Amount of Each Receipt this Period
2500.00

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

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

3025.00

**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 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
DR. ROBERT NEWBORN

Mailing Address **39 MAYBERRY ROAD**

City **CHAPPAQUA** State **NY** Zip Code **10514**

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

Name of Employer **DANBURY HOSPITAL** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.18292

Amount of Each Receipt this Period
500.00

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

Mailing Address **4 BAYVIEW DRIVE**

City **PLAINVIEW** State **NY** Zip Code **11803**

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

Name of Employer **CIGNA HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.18312

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR. MARK A. NOGUEIRA

Mailing Address **25 HUNT FARM ROAD**

City **WACCABUC** State **NY** Zip Code **10597**

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

Name of Employer **MOUNT KISCO MEDICAL GROUP** Occupation **UROLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.18306

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 32 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
DANIEL O'KANE

Mailing Address 15 SOLURI LANE

City State Zip Code
TOMKINS COVE NY 10986

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

Name of Employer Occupation
O'KANE CONSTRUCTION, INC. C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11AI.18447

Amount of Each Receipt this Period
300.00

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

Mailing Address 2TACONIC VIEW CT

City State Zip Code
LAGRANGEVILLE NY 12540

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

Name of Employer Occupation
HEART CENTER PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11AI.18273

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SCOTT MCALISTER REAGAN

Mailing Address 3340 TOLEDO TERRACE
APT. 468

City State Zip Code
HYATTSVILLE MD 20782

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

Name of Employer Occupation
THE NATIONAL CENTER FOR PUBLIC POLIC MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11AI.18379

Amount of Each Receipt this Period
100.00

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

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

1400.00

**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 33 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
JONATHAN R. REYNOLDS

Mailing Address P.O. BOX 130

City State Zip Code
GARRISON NY 10524

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

Name of Employer Occupation
SELF-EMPLOYED WRITER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11A1.18309

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRANK E. RICHARDSON

Mailing Address 245 PARK AVENUE
41ST FLOOR

City State Zip Code
NEW YORK NY 10167

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

Name of Employer Occupation
F.E. RICHARDSON & CO. INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11A1.18432

Amount of Each Receipt this Period
2600.00

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

Mailing Address 113 BUXTON RD

City State Zip Code
BEDFORD HILLS NY 10507

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

Name of Employer Occupation
FRESENIUS MEDICAL CARE PATHOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11A1.18302

Amount of Each Receipt this Period
500.00

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

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

4100.00

**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 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
MATTHEW ROTHFLEISCH

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 07 / 2014

Transaction ID : SA11AI.18299

Amount of Each Receipt this Period
1000.00

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

Mailing Address **8 WINDRUSH LANE**

City **WESTPORT** State **CT** Zip Code **06880-2301**

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

Name of Employer **BAYBERRY NURSING HOME** Occupation **PARTNER & ADMINISTRATOR**

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
10 / 01 / 2014

Transaction ID : SA11AI.18248

Amount of Each Receipt this Period
1000.00

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

Mailing Address **P.O. BOX 10**

City **CARMEL** State **NY** Zip Code **10512-0010**

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

Name of Employer **PUTNAM COUNTY NATIONAL BANK** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.18421

Amount of Each Receipt this Period
1500.00

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

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

3500.00

**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 35 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
DR. JEFFREY SCHILLER

Mailing Address 452 W. 19TH STREET, #3C

City NEW YORK State NY Zip Code 10011

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.18247

Amount of Each Receipt this Period
100.00

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

Mailing Address 14 BROOK HILLS CIRCLE

City WHITE PLAINS State NY Zip Code 10605

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

Name of Employer LSTA Occupation EXECUTIVE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.18323

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR. ROBERT SOLEY

Mailing Address 30 GRIFFEN AVE.

City SCARSDALE State NY Zip Code 10583

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 05 / 2014

Transaction ID : SA11AI.18284

Amount of Each Receipt this Period
250.00

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

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

600.00

**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 36 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
ROBERT SPURNY

Mailing Address 3834 N PASEO DEL SOL

City MESA State AZ Zip Code 85207

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

Name of Employer SELF Occupation OPHTHALMOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.18342

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
WILLIS H. STEPHENS

Mailing Address P.O. BOX 371

City BREWSTER State NY Zip Code 10509

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 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
 10 / 11 / 2014

Transaction ID : SA11AI.18361

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KATHRYN M. SUTTON

Mailing Address 11508 MORNING RIDE DR.

City POTOMAC State MD Zip Code 20854

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

Name of Employer MORGAN LEWIS'S ENGERGY PRACTICE Occupation ATTORNEY

Receipt For: 2014
 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
 10 / 15 / 2014

Transaction ID : SA11AI.18429

Amount of Each Receipt this Period
500.00

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	FOR LINE NUMBER: (check only one)	PAGE 37 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
DR. MICHAEL TEDFORD

Mailing Address **5 BIRCHWOOD COURT**

City **WASHINGTONVILLE** State **NY** Zip Code **10992**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 07 / 2014

Transaction ID : SA11AI.18298

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. IRIT MIZRACHI TRATT

Mailing Address **822 NORTH ST.**

City **GREENWICH** State **CT** Zip Code **06831**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 07 / 2014

Transaction ID : SA11AI.18297

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR. CHARLES TRESSLER

Mailing Address **3 ROSEMARY COURT**

City **YORKTOWN HEIGHTS** State **NY** Zip Code **10598**

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

Name of Employer **PFIZER** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.18303

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 38 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
ARTHUR T. TROVEI

Mailing Address 21 RTE. 6

City PORT JERVIS State NY Zip Code 12771-2330

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

Name of Employer ARTHUR TROVEI & SONS INC. Occupation PRESIDENT

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
 10 / 13 / 2014

Transaction ID : SA11AI.18455

Amount of Each Receipt this Period
1000.00

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

Mailing Address 65 OLD ASPETONG RD

City KATONAH State NY Zip Code 10536

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.18380

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. SCOTT VALLAR

Mailing Address 108 GUARD HILL ROAD

City BEDFORD CORNERS State NY Zip Code 10549

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

Name of Employer GUARD HILL ADVISORS Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.18319

Amount of Each Receipt this Period
250.00

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

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

1350.00

**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 39 OF 67
	<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

A. Full Name (Last, First, Middle Initial)
JASON WEINGARTNER

Mailing Address **20-64 46TH STREET**

City **ASTORIA** State **NY** Zip Code **11105**

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

Name of Employer **NEW YORK REPUBLICAN STATE COMMITTEE** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.18308

Amount of Each Receipt this Period
250.00

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

Mailing Address **63 MANOR ROAD**

City **PATTERSON** State **NY** Zip Code **12563**

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

Name of Employer **WERLATONE INC** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.18258

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR. RICHARD C. ZANE

Mailing Address **75 14TH STREET, NE**

City **ATLANTA** State **GA** Zip Code **30309**

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

Name of Employer **ATLANTA WOMEN'S HEALTH GROUP** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.18354

Amount of Each Receipt this Period
250.00

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

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

750.00

72474.00

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

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

FOR LINE NUMBER: PAGE 40 OF 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.18416

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
COLLINS FOR CONGRESS

Mailing Address PO BOX 1295

City State Zip Code
GAINESVILLE GA 30503

FEC ID number of contributing federal political committee. **C** C00502039

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11C.18442

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 CHANCERY STATION CIRCLE

City State Zip Code
RESTON VA 20190

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11C.18472

Amount of Each Receipt this Period
1000.00

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

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

2000.00

**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 41 OF 67
	<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. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Full Name (Last, First, Middle Initial)
Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

FEC ID number of contributing federal political committee. **C** C00350462

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11C.18433

Amount of Each Receipt this Period
4000.00

B. FREEDOM AND SECURITY PAC

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11C.18482

Amount of Each Receipt this Period
1000.00

C. MAKING AMERICA PROSPEROUS PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00445379

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11C.18477

Amount of Each Receipt this Period
2000.00

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

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

7000.00

**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 42 OF 67
	<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 COMMITTEE FOR THE PRESERVATION OF CAPITALISM

Mailing Address **PO BOX 65314**

City **WASHINGTON** State **DC** Zip Code **20035**

FEC ID number of contributing federal political committee. **C C00328468**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11C.18486

Amount of Each Receipt this Period
 _____ 5000.00

B. Full Name (Last, First, Middle Initial)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Mailing Address **1325 G STREET, N.W. SUITE 1000**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00109306**

Name of Employer _____ Occupation _____

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
10 / 13 / 2014

Transaction ID : SA11C.18457

Amount of Each Receipt this Period
 _____ 1000.00

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).....

_____ 6000.00

_____ 15000.00

**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 44 OF 67
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00567677**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9375.14

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA12.18492

Amount of Each Receipt this Period
48.07

JFC TRANSFER: SEE MEMO ENTRIES

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

Mailing Address **PO BOX 728**

City **WALDOBORO** State **ME** Zip Code **04572**

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA12.18492.0

Amount of Each Receipt this Period
150.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

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).....

48.07

48.07

**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 45 OF 67	
	<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)
FRIENDS OF NAN HAYWORTH

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

Mailing Address **3 WORLD FINANCIAL CENTER**

City **NEW YORK** State **NY** Zip Code **10285**

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 06 / 2014

Amount of Each Disbursement this Period
849.34

Transaction ID : **SB17.18571**

Category/Type

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

Mailing Address **56 COUNTRY CLUB DRIVE**

City **FLORIDA** State **NY** Zip Code **10921**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 15 / 2014

Amount of Each Disbursement this Period
4000.00

Transaction ID : **SB17.18600**

Category/Type

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

Mailing Address **56 COUNTRY CLUB DRIVE**

City **FLORIDA** State **NY** Zip Code **10921**

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 15 / 2014

Amount of Each Disbursement this Period
18790.70

Transaction ID : **SB17.18601**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **23640.04**

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 46 OF 67	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ATLAS STAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address P.O BOX 436		Amount of Each Disbursement this Period 418.10 Transaction ID : SB17.18572
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement EQUIPMENT RENTAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NICHOLAS BIBLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 24.24 Transaction ID : SB17.18591
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NICHOLAS BIBLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 621.01 Transaction ID : SB17.18610
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1063.35
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 47 OF 67		
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. NICHOLAS BIBLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.18598
City FLORIDA State NY Zip Code 10921	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ORYSIA DMYTRENKO		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 77 HILL ROAD		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.18603
City GOSHEN State NY Zip Code 10924	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ELAVON MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1 CONCOURSE PARKWAY		Amount of Each Disbursement this Period 1889.08 Transaction ID : SB17.18580
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4889.08
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 48 OF 67	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. FLORINDA ESTRADA		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 3401 WHISPERING HILLS DRIVE		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.18602
City CHESTER State NY Zip Code 10918	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 180 E PROSPECT AVE		Amount of Each Disbursement this Period 81939.54 Transaction ID : SB17.18581
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 180 E PROSPECT AVE		Amount of Each Disbursement this Period 54557.33 Transaction ID : SB17.18582
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	137296.87
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 49 OF 67		
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. CONNOR P. GILLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 451.31 Transaction ID : SB17.18578
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ORANGE & ROCKLAND		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 390 WEST ROUTE 59		Amount of Each Disbursement this Period 451.31 Transaction ID : SB17.18578.0 [MEMO ITEM]
City SPRING VALLEY	State NY	
Zip Code 10977	Purpose of Disbursement GILLIS REIMBURSEMENT: UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CONNOR P. GILLIS		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.18599
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2951.31
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 50 OF 67	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 33.90 Transaction ID : SB17.18634
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: DELIVERY SERVICES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 16.95 Transaction ID : SB17.18634.0
City PORT CHESTER State NY Zip Code 10573	Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 16.95 Transaction ID : SB17.18634.1
City PORT CHESTER State NY Zip Code 10573	Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	33.90
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 51 OF 67	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. ICAMPAIGN LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 2 GOLDWIN ST		Amount of Each Disbursement this Period 8000.00 Transaction ID : SB17.18584
City RYE State NY Zip Code 10580	Purpose of Disbursement DATA MANAGEMENT SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300		Amount of Each Disbursement this Period 20781.80 Transaction ID : SB17.18585
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300		Amount of Each Disbursement this Period 137705.00 Transaction ID : SB17.18586
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	166486.80
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 52 OF 67	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300		Amount of Each Disbursement this Period 137960.00 Transaction ID : SB17.18587
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement PLACED MEDIA Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.18588
City PONTE VEDRA BEACH State FL Zip Code 32082	Purpose of Disbursement STRATEGY CONSULTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MEDIA SOLSTICE MARKETING & PUBLIC RELATIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 158 PIKE STREET, STE 5		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.18589
City PORT JERVIS State NY Zip Code 12771	Purpose of Disbursement WEB DEVELOPMENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	142560.00
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 53 OF 67	
	<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)
FRIENDS OF NAN HAYWORTH

A. MID-HUDSON NEWS NETWORK

Full Name (Last, First, Middle Initial)
Mailing Address 42 MARCY LANE

City MIDDLETOWN State NY Zip Code 10941

Purpose of Disbursement PRINT ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2014

Amount of Each Disbursement this Period: 450.00

Transaction ID : SB17.18590

B. E. O'BRIEN MURRAY

Full Name (Last, First, Middle Initial)
Mailing Address 235 WEST 56TH STREET
22H

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 07 / 2014

Amount of Each Disbursement this Period: 7500.00

Transaction ID : SB17.18579

C. PAYCHEX

Full Name (Last, First, Middle Initial)
Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement PAYROLL SERVICE/TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2014

Amount of Each Disbursement this Period: 5037.44

Transaction ID : SB17.18597

SUBTOTAL of Disbursements This Page (optional) 12987.44

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 54 OF 67	
	<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)
FRIENDS OF NAN HAYWORTH

A. THE POLITICAL NETWORK

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 21383

City COLUMBUS State OH Zip Code 43221

Purpose of Disbursement
TELEMARKETING & DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.18593

B. THE PRINCETON CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 15 W. 43RD ST

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 03 / 2014

Amount of Each Disbursement this Period: 627.35

Transaction ID : SB17.18594

C. TRUST U/L/W/T/O ANDREW L. PALMER

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 489

City CHESTER State NY Zip Code 10918

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.18595

SUBTOTAL of Disbursements This Page (optional) 6627.35

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 55 OF 67	
	<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)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.18596
City SAN FRANCISCO	State CA Zip Code 94104	
Purpose of Disbursement BANK FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		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	Candidate Name	Category/ Type
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:		

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	Candidate Name	Category/ Type
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).....	30.00
TOTAL This Period (last page this line number only).....	498566.14

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5177**

LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH	[PERSONAL FUNDS]	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394		

City	State	ZIP Code
FISHKILL	NY	12524

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

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 26 / Y 2009	M M / D D / Y Y Y Y	DUE ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width:100%" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>

SUBTOTALS This Period This Page (optional).....	62000.00
TOTALS This Period (last page in this line only).....	<input style="width:100%" type="text"/>
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

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5180**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2010
NAN HAYWORTH
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

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 09 / D 30 / Y 2009
Date Due: M M / D D / Y Y Y Y Y Y
Interest Rate: 0.00 % (apr)
Secured: Yes No
DUE ON DEMAND

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5181

FRIENDS OF NAN HAYWORTH

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

[PERSONAL FUNDS]

Election: 2010

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 31 D /

Y 2009 Y

M M /

D D /

Y DUE ON DEMAND Y

0.00 % (apr)

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)
LOANS**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5183**

LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH	[PERSONAL FUNDS]	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394		

City	State	ZIP Code
FISHKILL	NY	12524

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 2010	DUE ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	134500.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5184

FRIENDS OF NAN HAYWORTH

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

[PERSONAL FUNDS]

Election: 2010

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

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

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

30

2010

DUE ON DEMAND

0.00

% (apr)

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)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.4731**

LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394	

City	State	ZIP Code
FISHKILL	NY	12524

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 29 / 2012	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4782

FRIENDS OF NAN HAYWORTH

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

NAN HAYWORTH

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

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

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 18 / Y 2012 M M / D D / ON DEMAND 0.00 % (apr) 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)..... ▶ 10033.45
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4783

FRIENDS OF NAN HAYWORTH

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

NAN HAYWORTH

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

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

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 21 / Y 2012 M M / D D / Y DUE ON DEMAND 0.00 % (apr) 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)..... ▶ 63500.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5187

FRIENDS OF NAN HAYWORTH

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

[PERSONAL FUNDS]

Election: 2012

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 22 D

Y 2013 Y

M M

D D

Y DUE ON DEMAND Y

0.00

% (apr)

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)..... ▶

50000.00

TOTALS This Period (last page in this line only)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.14516

FRIENDS OF NAN HAYWORTH

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

[PERSONAL FUNDS]

Election: 2014

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

8527.39

0.00

8527.39

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09 / 30 / 2013

DUE ON DEMAND

0.00 % (apr)

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)..... ▶

8527.39

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**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.16432**

LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394		

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 30 / Y 2014	M M / D D / Y Y Y Y DUE ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

SUBTOTALS This Period This Page (optional).....	500000.00
TOTALS This Period (last page in this line only).....	1168560.84

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)

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
CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH STREET

City State Zip Code
ALEXANDRIA VA 22314

Nature of Debt (Purpose):
DIGITAL CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.16433**
1758.64

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	1758.64
2) TOTALS This Period (last page this line number only)	▶	1758.64
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	1168560.84
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		1170319.48