

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. Box 394  
 Check if different than previously reported. (ACC) Fishkill NY 12524

2. **FEC IDENTIFICATION NUMBER** ▼ C C00466490 CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) STATE ▼ DISTRICT  
NY 18

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2013 through M M / D D / Y Y Y Y 03 / 31 / 2013

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

Type or Print Name of Treasurer Kevin Jahns

Signature of Treasurer Kevin Jahns [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2013

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Nan Hayworth**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8496.00	17014.43
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8496.00	11914.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	60891.79	171353.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	5184.98	5184.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	55706.81	166168.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7460.83	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	654517.55	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	7500.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	7500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8496.00	9514.43
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8496.00	17014.43
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	148.81	148.81
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	73533.45
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	73533.45
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	5184.98	5184.98
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	1.20	13.82
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	13830.99	95895.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	60891.79	171353.82
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	5100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	60891.79	239953.82

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54521.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13830.99
25. SUBTOTAL (add Line 23 and Line 24).....	68352.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60891.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7460.83

**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 33
	<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	

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)  
**FRESHMAN HOLD'EM JFC**

Mailing Address P.O. BOX 75021

City WASHINGTON State DC Zip Code 20013-0021

FEC ID number of contributing federal political committee. **C** C00523985

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7071.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : SA11.8002**

Amount of Each Receipt this Period  
 109.15

CONTRIBUTION

IN-KIND EVENT SPACE

**B.** Full Name (Last, First, Middle Initial)  
**FRESHMAN HOLD'EM JFC**

Mailing Address P.O. BOX 75021

City WASHINGTON State DC Zip Code 20013-0021

FEC ID number of contributing federal political committee. **C** C00523985

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7071.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : SA11.8007**

Amount of Each Receipt this Period  
 13.12

CONTRIBUTION

IN-KIND EVENT SPACE

**C.** Full Name (Last, First, Middle Initial)  
**FRESHMAN HOLD'EM JFC**

Mailing Address P.O. BOX 75021

City WASHINGTON State DC Zip Code 20013-0021

FEC ID number of contributing federal political committee. **C** C00523985

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7071.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : SA11.8008**

Amount of Each Receipt this Period  
 5.31

CONTRIBUTION

IN-KIND EVENT SPACE

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

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

127.58

**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 33
	<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)  
**PATRIOT DAY IV**

Mailing Address 228 S. WASHINGTON ST., STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00519744

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7569.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : SA11.7998**

Amount of Each Receipt this Period  
868.42

CONTRIBUTION

FINAL ALLOCATION - ALL DONORS PREVIOUSLY REPORTED

**B.** Full Name (Last, First, Middle Initial)  
**HUDSON VALLEY FUTURE FUND**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314-1837

FEC ID number of contributing federal political committee. **C** C00512541

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : SA11.7995**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HUDSON VALLEY FUTURE FUND**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314-1837

FEC ID number of contributing federal political committee. **C** C00512541

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : SA11.7996**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

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

5868.42

**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 33
	<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)  
**HUDSON VALLEY FUTURE FUND**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314-1837

FEC ID number of contributing federal political committee. **C** C00512541

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : SA11.7997**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

8496.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<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)  
**FRESHMAN HOLD'EM JFC**

Mailing Address P.O. BOX 75021

City WASHINGTON State DC Zip Code 20013-0021

FEC ID number of contributing federal political committee. **C C00523985**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7071.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : SA12.7999**

Amount of Each Receipt this Period  
**107.13**

CONTRIBUTION

SEE ATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**CITIGROUP, INC. PAC-FEDERAL**

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

City WASHINGTON State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5603.85**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : SA12.8000**

Amount of Each Receipt this Period  
**103.85**

CONTRIBUTION

**[MEMO ITEM]**  
 JFC-> FRESHMAN HOLD'EM JFC

**C.** Full Name (Last, First, Middle Initial)  
**PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077-0425

FEC ID number of contributing federal political committee. **C C00386755**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **944.06**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : SA12.8001**

Amount of Each Receipt this Period  
**3.28**

CONTRIBUTION

**[MEMO ITEM]**  
 JFC-> FRESHMAN HOLD'EM JFC

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

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

**107.13**



**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 33
	<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)  
**FRESHMAN HOLD'EM JFC**

Mailing Address P.O. BOX 75021

City WASHINGTON State DC Zip Code 20013-0021

FEC ID number of contributing federal political committee. **C C00523985**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7071.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : SA12.8003**

Amount of Each Receipt this Period  
**41.68**

CONTRIBUTION

SEE ATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN HEALTH CARE ASSOCIATION PAC**

Mailing Address 1201 L STREET, NW

City WASHINGTON State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10180.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : SA12.8005**

Amount of Each Receipt this Period  
**6.92**

CONTRIBUTION

**[MEMO ITEM]**  
 JFC-> FRESHMAN HOLD'EM JFC

**C.** Full Name (Last, First, Middle Initial)  
**GARDNER FOR CONGRESS 2012**

Mailing Address 9227 E. LINCOLN AVE., # 200-235

City LONE TREE State CO Zip Code 80124-5506

FEC ID number of contributing federal political committee. **C C00492454**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : SA12.8006**

Amount of Each Receipt this Period  
**34.62**

CONTRIBUTION

**[MEMO ITEM]**  
 JFC-> FRESHMAN HOLD'EM JFC

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

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

**41.68**

**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 33
	<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)  
**PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077-0425

FEC ID number of contributing federal political committee. **C** C00386755

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 944.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013

**Transaction ID : SA12.8004**

Amount of Each Receipt this Period  
 0.14

CONTRIBUTION

**[MEMO ITEM]**  
 JFC-> FRESHMAN HOLD'EM JFC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

148.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**JAMESTOWN ASSOCIATES**

Mailing Address 5 MAPLETON ROAD, SUITE 300

City State Zip Code  
PRINCETON NJ 08540

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5184.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : SA14.1801**

Amount of Each Receipt this Period  
5184.98

OVERPAYMENT REFUND

OVERPAYMENT REFUND

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5184.98

5184.98

**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 33
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>WELLS FARGO</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2013
Mailing Address 41 S. MOGER AVENUE		<b>Transaction ID : SA15.1788</b>
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 0.50	
Name of Employer	Occupation	INTEREST
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1766.50	INTEREST

Full Name (Last, First, Middle Initial) <b>WELLS FARGO</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2013
Mailing Address 41 S. MOGER AVENUE		<b>Transaction ID : SA15.1794</b>
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 0.42	
Name of Employer	Occupation	INTEREST
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1766.50	INTEREST

Full Name (Last, First, Middle Initial) <b>WELLS FARGO</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2013
Mailing Address 41 S. MOGER AVENUE		<b>Transaction ID : SA15.1797</b>
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 0.28	
Name of Employer	Occupation	INTEREST
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1766.50	INTEREST

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1.20
<b>TOTAL</b> This Period (last page this line number only).....	1.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33			
	<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) <b>A. FRESHMAN HOLD'EM JFC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address P.O. BOX 75021		Amount of Each Disbursement this Period 109.15
City WASHINGTON	State DC	
Zip Code 20013-0021	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : <b>SB17.8002</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND EVENT SPACE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. FRESHMAN HOLD'EM JFC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address P.O. BOX 75021		Amount of Each Disbursement this Period 13.12
City WASHINGTON	State DC	
Zip Code 20013-0021	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : <b>SB17.8007</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND EVENT SPACE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. FRESHMAN HOLD'EM JFC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address P.O. BOX 75021		Amount of Each Disbursement this Period 5.31
City WASHINGTON	State DC	
Zip Code 20013-0021	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : <b>SB17.8008</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND EVENT SPACE
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	127.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 33	
	<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) <b>A. PAULA COLARUSSO</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 1975.00
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I1791
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MILEAGE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) <b>B. GUY T. PARISI</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2013
Mailing Address 720 MILTON ROAD, #J1		Amount of Each Disbursement this Period 7880.00
City RYE State NY Zip Code 10580	Purpose of Disbursement LEGAL SERVICES	
Candidate Name		Transaction ID : SB17.I1781
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type LEGAL SERVICES	

Full Name (Last, First, Middle Initial) <b>C. ATLASSTAR</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 453 ROUTE 9, PO BOX 436		Amount of Each Disbursement this Period 269.79
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PRINTING / PHOTOCOPYING	
Candidate Name		Transaction ID : SB17.I1792
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PRINTING / PHOTOCOPYING	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10124.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 33	
	<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) <b>A. BSB SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2013
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1779
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type COMPLIANCE SERVICES	

Full Name (Last, First, Middle Initial) <b>B. BSB SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2013
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 6000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1800
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type COMPLIANCE SERVICES	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2013
Mailing Address 5055 SEMINARY ROAD, #612		Amount of Each Disbursement this Period 800.00
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement COMPLIANCE SOFTWARE	
Candidate Name		Transaction ID : SB17.I1752
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type COMPLIANCE SOFTWARE	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8800.00
<b>TOTAL</b> 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 16 OF 33			
	<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) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 5055 SEMINARY ROAD, #612		Amount of Each Disbursement this Period 1600.00
City ALEXANDRIA	State VA Zip Code 22311	
Purpose of Disbursement CAMPAIGN SOFTWARE	Category/Type	<b>Transaction ID : SB17.I1789</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	CAMPAIGN SOFTWARE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CREATIVE DIRECT LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2013
Mailing Address THE REAGAN BLDG, 25 E. MAIN ST.		Amount of Each Disbursement this Period 28630.00
City RICHMOND	State VA Zip Code 23219	
Purpose of Disbursement GRAPHIC DESIGN	Category/Type	<b>Transaction ID : SB17.I1765</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	GRAPHIC DESIGN
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. NEW YORK STATE INSURANCE FUND</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2013
Mailing Address 105 CORPORATE PARK DRIVE, #200		Amount of Each Disbursement this Period 60.00
City WHITE PLAINS	State NY Zip Code 10604	
Purpose of Disbursement DISABILITY INSURANCE	Category/Type	<b>Transaction ID : SB17.I1784</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	DISABILITY INSURANCE
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30290.00
<b>TOTAL</b> 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 17 OF 33	
	<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) <b>A. PATCH</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 4 CHASE METROTECH CENTER, 7TH FL E		Amount of Each Disbursement this Period 775.28
City BROOKLYN	State NY	
Zip Code 11245	Purpose of Disbursement VIDEO DISTRIBUTION	Transaction ID : SB17.I1790
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	VIDEO DISTRIBUTION
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2013
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 44.00
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL EXPENSE	Transaction ID : SB17.I1775
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL EXPENSE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX, INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2013
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 376.11
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1785
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1195.39
<b>TOTAL</b> 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 18 OF 33	
	<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) <b>A. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2013</b>
Mailing Address <b>911 PANORAMA TRAIL, S.</b>		Amount of Each Disbursement this Period <b>458.50</b>
City <b>ROCHESTER</b>	State <b>NY</b>	Zip Code <b>14625</b>
Purpose of Disbursement <b>PAYROLL EXPENSES</b>	Category/Type <b>PAYROLL EXPENSES</b>	
Candidate Name	Transaction ID : <b>SB17.I1786</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. TAX MATTERS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2013</b>
Mailing Address <b>5100 27TH ROAD N</b>		Amount of Each Disbursement this Period <b>225.00</b>
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22207</b>
Purpose of Disbursement <b>TAX SERVICES</b>	Category/Type <b>TAX SERVICES</b>	
Candidate Name	Transaction ID : <b>SB17.I1782</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. THE PRINCETON CLUB OF NEW YORK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2013</b>
Mailing Address <b>15 W. 43RD STREET</b>		Amount of Each Disbursement this Period <b>2319.08</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10016</b>
Purpose of Disbursement <b>FOOD &amp; BEVERAGE</b>	Category/Type <b>FOOD &amp; BEVERAGE</b>	
Candidate Name	Transaction ID : <b>SB17.I1783</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3002.58</b>
<b>TOTAL</b> 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 19 OF 33	
	<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) <b>A. THE TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 09 / 2013</b>
Mailing Address <b>1006 PENDLETON STREET</b>		Amount of Each Disbursement this Period <b>6940.39</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1753</b>  <b>FUNDRAISING CONSULTING</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES TREASURY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2013</b>
Mailing Address <b>INTERNAL REVENUE SERVICE CENTER</b>		Amount of Each Disbursement this Period <b>189.00</b>
City <b>OGDEN</b> State <b>UT</b> Zip Code <b>84201</b>	Purpose of Disbursement <b>TAX PAYMENT</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1798</b>  <b>TAX PAYMENT</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. VIRGINIA DEPT. OF TAXATION</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2013</b>
Mailing Address <b>P.O. BOX 1500</b>		Amount of Each Disbursement this Period <b>76.00</b>
City <b>RICHMOND</b> State <b>VA</b> Zip Code <b>23218</b>	Purpose of Disbursement <b>TAX PAYMENT</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1799</b>  <b>TAX PAYMENT</b>
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7205.39</b>
<b>TOTAL</b> 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 20 OF 33	
	<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) <b>A. W.B. MASON CO. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2013
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 86.06
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1780
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.00
City MOUNT KISCO	State NY	
Zip Code 10549	Purpose of Disbursement BANK FEES	Transaction ID : SB17.I1787
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.00
City MOUNT KISCO	State NY	
Zip Code 10549	Purpose of Disbursement BANK FEES	Transaction ID : SB17.I1795
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	126.06
<b>TOTAL</b> 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 21 OF 33		
	<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) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 29 / 2013</b>
Mailing Address <b>41 S. MOGER AVENUE</b>		Amount of Each Disbursement this Period <b>20.00</b>
City <b>MOUNT KISCO</b> State <b>NY</b> Zip Code <b>10549</b>	Purpose of Disbursement <b>BANK FEES</b> Category/Type	
Candidate Name		Transaction ID : <b>SB17.I1796</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B.</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
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>20.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>60891.79</b>

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

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 14**

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

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

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

**TERMS**

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

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 62000.00

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

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

**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 15

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼  
PRIMARY 2010

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 30 / 2009 M M / D D / 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)..... 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)  
Friends of Nan Hayworth

Transaction ID : SC 16

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼  
PRIMARY 2010

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

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

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

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 100000.00

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

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



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

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 28**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Nan Hayworth</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>GENERAL 2010</b>
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

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:
M 03 / D 31 / Y 2010	M M / D D / 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	134500.00
<b>TOTALS</b> 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 30

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼  
GENERAL 2010

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

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

**TERMS**

Date Incurred: M 06 / D 30 / Y 2010  
Date Due: M / D / Y due on demand  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 100000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**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 32

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2012

Primary  
 General  
 Other (specify) ▼  
GENERAL 2012

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

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 M / D D / Y Y 2012 M M / D D / 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 : AC 35

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Nan Hayworth</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General - 2012
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

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 / Y 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:

<b>SUBTOTALS</b> This Period This Page (optional).....	10033.45
<b>TOTALS</b> 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 33

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2012

Primary  
 General  
 Other (specify) ▼  
General - 2012

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

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 / 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)..... ▶ 610033.45

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**

NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Paula Colarusso</b>		Nature of Debt (Purpose): fundraising consulting
Mailing Address 1544 Star Route 203		
City State Zip Code Chatham NY 12037		

Outstanding Balance Beginning This Period 39564.10	<b>Transaction ID : 14</b>	
Amount Incurred This Period 1975.00	Payment This Period 1975.00	Outstanding Balance at Close of This Period 39564.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Airnet Group, Inc.</b>		Nature of Debt (Purpose): Telephone & Telecomm Services
Mailing Address P.O. Box 11181		
City State Zip Code Chattanooga TN 37401		

Outstanding Balance Beginning This Period 1713.36	<b>Transaction ID : 1</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1713.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AtlasStar</b>		Nature of Debt (Purpose): Printing & Photocopying
Mailing Address 753 Route 9, P.O. Box 436		
City State Zip Code Fishkill NY 12524		

Outstanding Balance Beginning This Period 269.79	<b>Transaction ID : 2</b>	
Amount Incurred This Period 0.00	Payment This Period 269.79	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	41277.46
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cablevision</b>	Nature of Debt (Purpose): Cable Television
Mailing Address P.O. Box 9256	
City State Zip Code Chelsea MA 02150	

Outstanding Balance Beginning This Period 149.33	<b>Transaction ID : 3</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 149.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Solutions</b>	Nature of Debt (Purpose): online fundraising / web hosting
Mailing Address 117 North Saint Asaph Street	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 1758.84	<b>Transaction ID : 4</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1758.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Creative Direct</b>	Nature of Debt (Purpose): Graphic Design
Mailing Address 25 E. Main Street	
City State Zip Code Richmond VA 23219	

Outstanding Balance Beginning This Period 28630.00	<b>Transaction ID : 6</b>	
Amount Incurred This Period 0.00	Payment This Period 28630.00	Outstanding Balance at Close of This Period 0.00

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

**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  
**The Management Companies**

Nature of Debt (Purpose):  
rent

Mailing Address 78 North State Road

City State Zip Code  
Briarcliff Manor NY 10510

Outstanding Balance Beginning This Period

1000.00

Transaction ID : 8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Townsend Group**

Nature of Debt (Purpose):  
fundraising consulting

Mailing Address 1006 Pendleton Street

City State Zip Code  
Alexandria VA 22314

Outstanding Balance Beginning This Period

6940.39

Transaction ID : 9

Amount Incurred This Period

0.00

Payment This Period

6940.39

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**W.B. Mason**

Nature of Debt (Purpose):  
office supplies

Mailing Address P.O. Box 981101

City State Zip Code  
Boston MA 02298

Outstanding Balance Beginning This Period

86.06

Transaction ID : 10

Amount Incurred This Period

0.00

Payment This Period

86.06

Outstanding Balance at Close of This Period

0.00

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

1000.00



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Friends of Nan Hayworth**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Verizon</b>		Nature of Debt (Purpose): Telephone & Telecomm Services
Mailing Address P.O. Box 408		
City State Zip Code Newark NJ 07101		

Outstanding Balance Beginning This Period <input type="text" value="298.67"/>	<b>Transaction ID : 12</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="298.67"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="298.67"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="44484.10"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="610033.45"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="654517.55"/>