FFC I	ND DIS	OF RECEIPTS BURSEMENTS uthorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	 Example: If typing, type over the lines. 	12FE4M5
Kathy Weppner For Co	ongress		
ADDRESS (number and street)	P.O. Box 1222		
Check if different than previously reported. (ACC)	Williamsville		NY 14231 -
2. FEC IDENTIFICATION N	JMBER ▼	CITY	
С С00560573		3. IS THIS REPORT NEW (N) OR	AMENDED (A) AMENDED NY 26
 4. TYPE OF REPORT (Characteria) (a) Quarterly Reports: April 15 Quarterly F July 15 Quarterly F October 15 Quarter January 31 Year-En Termination Report 	Report (Q1) eport (Q2) ly Report (Q3) d Report (YE)	 (b) 12-Day PRE-Election Report for the Primary (12P) Convention (12C) Election on 30-Day POST-Election Report for the General (30G) Election on 	General (12G) Runoff (12R) Special (12S)
5. Covering Period	M / D D / 01	Y Y Y Y 2014 through 0	6 / D D / Y Y Y Y 2014
I certify that I have examined th Type or Print Name of Treasure		the best of my knowledge and belief it is Jer	s true, correct and complete.
Signature of Treasurer Rich	ard Springer	[Electronically Filed]	Date
NOTE: Submission of false, errone	eous, or incomplet	e information may subject the person signir	ng this Report to the penalties of 2 U.S.C. §437g
Office Use Only			FEC FORM 3 (Revised 02/2003)

Image# 14941290196

06/11/2014 14 : 27

PAGE 1 / 13

	-	FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 13
		or Type Committee Name Ny Weppner For Congress		
F	epor	t Covering the Period: From:	04 / D D / Y Y Y Y 2014 To:	
			COLUMN A	COLUMN B
6.	Net	Contributions (other than loans)	This Period	Election Cycle-to-Date
	(a)	Total Contributions (other than loans) (from Line 11(e))	14982.00	14982.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	14982.00	14982.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	1999.29	1999.29
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1999.29	1999.29
8.		sh on Hand at Close of porting Period (from Line 27)	17982.71	
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	5000.00	

For further information contact:

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

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

Image# 14941290197

Imag	e# 14941290198		
	D	ETAILED SUMMARY PAGE	_
	FEC Form 3 (Revised 12/2003)	of Receipts	PAGE 3 / 13
Wr	ite or Type Committee Name		
K	athy Weppner For Congress		
Re	port Covering the Period: From: 04		M = M / D = D / Y = Y = Y = Y Y 06 04
	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	8750.00	9750.00
	(i) Itemized (use Schedule A)	7 7 7 7	8750.00
	(ii) Unitemized	5432.00	5432.00
	(iii) TOTAL of contributions from individuals	14182.00	14182.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	800.00	800.00
		0.00	0.00
	(d) The Candidate	7 7 7 0.00	
	(other than loans)	4 4000 00	
	(add Lines 11(a)(iii), (b), (c), and (d))	14982.00	14982.00
12.	TRANSFERS FROM OTHER		
	AUTHORIZED COMMITTEES	0.00	0.00
13.	LOANS:		
	(a) Made or Guaranteed by the Candidate	5000.00	5000.00
	Candidate		
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	5000.00	5000.00
	OFFSETS TO OPERATING EXPENDITURES		
	(Refunds, Rebates, etc.)	0.00	0.00
15	OTHER RECEIPTS		
	(Dividends, Interest, etc.)	0.00	0.00
16.	TOTAL RECEIPTS (add Lines		, , , , , , , , , , , , , , , , , , , ,
	11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	19982.00	19982.00
	· · · · · · · · · · · · · · · · · · ·		7 7 7

of Disbursements PAGE 4 / 13 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 1999.29 1999.29 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 1999.29 1999.29 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY**

DETAILED SUMMARY PAGE

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	0.00	
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	19982.00	
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	19982.00	
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	1999.29	
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	17982.71	

Image# 14941290199

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3N Transaction ID :

The Committee has demonstrated the necessary best efforts to obtain and disclose the full identification of all individuals who contribute in excess of \$200. These efforts include a clear request with the original solicitation, followed within 30 days by a Request for Missing Information letter, which clearly asks for the information, without soliciting a contribution. In addition, the letter reads: Federal law requires us to make our best efforts to collect and report the name, address, occupation and employer of individuals who contribute in excess of \$200 in an election cycle. We then enclose a self addressed envelope and include a telephone number to reach the Committee with any questions. A second Request for Additional Information is sent if we do not receive the information in a timely manner. In the event that we receive additional information from contributors whose information was not originally disclosedm we will amend the report to reflect the additional disclosures properly.

Form/Schedule: Transaction ID:

IT	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 0F 13 (check only one) I1a 11b 11c 11d 12 13a 13b 14 15
				person for the purpose of soliciting contributions see to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Buffalo Dental Group LLP Mailing Address 5845 Main Street City Williamsville FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Yerimary General Other (specify)	State NY Occupation Election C	Zip Code 14221	Date of Receipt
в.	Full Name (Last, First, Middle Initial) Michael Buyers Mailing Address 10770 Manor Wood City Clarence FEC ID number of contributing federal political committee.	State NY C	Zip Code 14031	Date of Receipt
<u>с</u> .	Name of Employer Information Requested Receipt For: 2014 Primary General Other (specify) Full Name (Last, First, Middle Initial) Jaime Good Mailing Address 4097 Big Tree Road		Requested ycle-to-Date 300.00	Date of Receipt
	City Hamburg FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: 2014 Primary General Other (specify)		Zip Code 14075	Transaction ID : SA11AI.4206 Amount of Each Receipt this Period 1000.00
F	UBTOTAL of Receipts This Page (optional)			- 1800.00

IT	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Statomonto n	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 13 (check only one) I1a 11b 11c 11d I1a 11b 11c 11d 11d I2 13a 13b 14 15 person for the purpose of soliciting contributions
				ee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Bernard J. Kolber Mailing Address 5845 Main Street City Williamsville	State	Zip Code 14221	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer Buffalo Dental Group LLP Receipt For: 2014 Primary General Other (specify)	Occupation Partner		Amount of Each Receipt this Period 500.00 [MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) John McAuliffe Mailing Address 110 Cleveland Street Apartment 2 City Melrose	State MA	Zip Code 02176	Date of Receipt 05 / 29 / 2014 Transaction ID : SA11AI.4250
	FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: 2014 Primary General Other (specify)	Occupation Information		Amount of Each Receipt this Period
C.	Full Name (Last, First, Middle Initial) Judy McAuliffe Mailing Address 43 Old Farm Circle City	State	Zip Code	Date of Receipt
	Williamsville FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: 2014 Primary General Other (specify)	NY C Occupation Retired Election C	14221	Amount of Each Receipt this Period
F	UBTOTAL of Receipts This Page (optional)			3600.00

50	CHEDULE A (FEC Form 3)				DF 13			
				(check only one)				
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d				
_			, ,	12 13a 13b 14	15			
	ny information copied from such Reports and Si for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Kathy Weppner For Congress							
<u> </u>	Full Name (Last, First, Middle Initial) Carl Paladino			Date of Receipt				
	Mailing Address 295 Main Street			05 09 2014	Y			
	Suite 210 City	State	Zip Code					
	Buffalo	NY	14203	Transaction ID : SA11AI.4105				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer	Occupation			0.00			
	Self-Employed Receipt For: 2014		id Developer	_				
	X Primary General	Election C	ycle-to-Date					
	Other (specify)		2600.00					
В.	Full Name (Last, First, Middle Initial) Beverly Rasch			Date of Receipt				
в.	Mailing Address 1651 Bronson Road	05 22 2014						
	City Grand Island	State NY	Zip Code 14072	Transaction ID : SA11AI.4164				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	d			
	Name of Employer	Occupatior	1	250	0.00			
	Retired	Retired						
	Receipt For: 2014	Election C	ycle-to-Date	7				
	Primary General Other (specify)		250.00					
_			y					
C.	Full Name (Last, First, Middle Initial)			Date of Receipt				
С.	Mailing Address 3884 Sowles Road			05 22 2014	Y			
	City	State	Zip Code	Transaction ID : SA11AI.4218				
	Hamburg	NY	14075	TAIISACUUTID . SATTAL4210				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer	Occupatior	1	50	0.00			
	Self-Employed	Attorney						
	Receipt For: 2014	Election C	ycle-to-Date					
	Primary General Other (specify)		500.00					
_			y y *					
s	UBTOTAL of Receipts This Page (optional)			3350	0.00			
				8750	0.00			
IΤ	OTAL This Period (last page this line number o	nly)						

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 13 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kathy Weppner For Congress			
<u> </u>	Full Name (Last, First, Middle Initial) Erie County Republican Committee	Finance C	committee	Date of Receipt
	Mailing Address 715 Main Street Suite 102			05 22 2014
	City Buffalo	State NY	Zip Code 14203	Transaction ID : SA11C.4237
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Federally Permissible Funds
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 250.00]
В.	Full Name (Last, First, Middle Initial) Friends of Guy Marlette			Date of Receipt
	Mailing Address PO Box 1905			M M / D D / Y Y Y Y 05 22 2014
	City Buffalo	State NY	Zip Code 14225	Transaction ID : SA11C.4241
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Federally Permissible Funds
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary General Other (specify)		250.00]
c.	Full Name (Last, First, Middle Initial) Grand Island Republican Comm	ittee		Date of Receipt
	Mailing Address PO Box 104			05 22 2014
	City Grand Island	State NY	Zip Code 14072	Transaction ID : SA11C.4239
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Federally Permissible Funds
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 200.00]
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			700.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page nav not be sold or used by any	FOR LINE NUMBER: PAGE 10 OF 13 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15 person for the purpose of soliciting contributions
	ng the name and a		ee to solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) West Seneca Republican Committee Mailing Address 3010 Transit Road City West Seneca		Zip Code 14224	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary General Other (specify)	C Occupation Election C	ycle-to-Date	Amount of Each Receipt this Period 100.00 Federally Permissible Funds
B. <u>Full Name (Last, First, Middle Initial)</u> <u>Mailing Address</u> <u>City</u>	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For:		ycle-to-Date	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Mailing Address City	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation		Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line num	-		- 100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports and Statement		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 13 (check only one) 11a 11b 11c 11d 11a 11b 11c 11d 11d 12 X 13a 13b 14 15
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kathy Weppner For Congress			
Full Name (Last, First, Middle Initial) Kathleen Weppner Mailing Address PO Box 1222	Chata	The Oada	Date of Receipt
City Williamsville FEC ID number of contributing	State NY	Zip Code 14231	Transaction ID : SA13A.4098
federal political committee.	C H4 Occupation	NY26052	Amount of Each Receipt this Period 5000.00 Personal Loan
Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date]
B. <u>Full Name (Last, First, Middle Initial)</u> <u>Mailing Address</u> <u>City</u>	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	C		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)		ycle-to-Date]
Full Name (Last, First, Middle Initial) C. Mailing Address City	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)		ycle-to-Date]
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one) PAGE 12 OF 13 X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Kathy Weppner For Congress			
Α.	Full Name (Last, First, Middle Initial) River Oaks Golf Restaurant Mailing Address 201 Whitehaven Road			Date of Disbursement
	City State Grand Island NY	Zip Code 14072		Amount of Each Disbursement this Period
	Purpose of Disbursement Catering Candidate Name Office Sought: House Disbursement For:	. 2014	003 Category, Type	Transaction ID : SB17.4114
	Senate Primary President Other (s State: District:	General		
В.	Full Name (Last, First, Middle Initial) Kathleen Weppner Mailing Address PO Box 1222			Date of Disbursement
	City State Williamsville NY Purpose of Disbursement SEE MEMO ITEM	Zip Code 14231	001	Amount of Each Disbursement this Period 1999.29 Transaction ID : SB17.4111
	Candidate Name Office Sought: Senate President Disbursement Form Other (s	General	Category, Type	
C.	State: NY District: 26 Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
	City State Zip Purpose of Disbursement	p Code		Amount of Each Disbursement this Period
	Candidate Name		Category, Type	,
	Office Sought: House Disbursement For. Senate President Other (s State: District:	General		
s	UBTOTAL of Disbursements This Page (optional)			1999.29
т	OTAL This Period (last page this line number only)			1999.29

HEDULE C (FEC F ANS	orm 3)		Use separate sche for each category Detailed Summary	of the (check only one) X 13a
ME OF COMMITTEE (In Full) athy Weppner For Co	ngress		Trar	nsaction ID : SC/10.4098
LOAN SOURCE Full Name Kathleen Weppner	(Last, First, Mic	ddle Initial)	[PERSONAL FUNDS	SJ Election: 2014 Primary General
Mailing Address PO Box 1222				Other (specify) v
City		State ZIF	' Code	
Williamsville		NY 14	231	
Original Amount of Loan		Cumulative Paymer	nt To Date	Balance Outstanding at Close of This Perio
	5000.00		0.00	5000.00
TERMS Date Incurred		Date	Due Interest	Rate Secured:
M05 ^M / D09 ^D / Y	ž014 [×]	M M / D D /	In the Local State	0.00 % (apr)
List All Endorsers or Guara	intors (if any) t	o Loan Source		ies in
1. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
		211 0000	Outstanding:	9 9 9 9 9 9 9 9
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mie	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
			1	5000.00
JBTOTALS This Period This I	-age (optional).		►	5000.00
DTALS This Period (last page				

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