

**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

Espaillat for Congress

ADDRESS (number and street)

210 Sherman Avenue

Suite B

New York

NY

10034

☐ Check if different
than previously
reported. (ACC)2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00518365

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

NY

13

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

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Seny Taveras

Signature of Treasurer

Seny Taveras

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Espallat for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

	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))....	13300.00	387145.75
(b) Total Contribution Refunds (from Line 20(d))	0.00	4000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	13300.00	383145.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2015.00	382529.47
(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))	2015.00	382529.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-5186.92	
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)	1500.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Espaillat for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

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).....

13300.00

366576.75

(ii) Unitemized.....

0.00

15319.00

(iii) TOTAL of contributions from individuals ▶

13300.00

381895.75

(b) Political Party Committees.....

0.00

0.00

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

0.00

5250.00

(d) The Candidate.....

0.00

0.00

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

13300.00

387145.75

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

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)..... ▶

13300.00

387145.75

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 9

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2015.00	382529.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	4000.00
(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	4000.00
21. OTHER DISBURSEMENTS	0.00	2500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2015.00	389029.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-16471.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13300.00
25. SUBTOTAL (add Line 23 and Line 24).....	-3171.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2015.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-5186.92

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

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

FOR LINE NUMBER:

PAGE 5 OF 9

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Espallat for Congress

Full Name (Last, First, Middle Initial)

A.

julio alvarez

Mailing Address 2458 1st street

City

fort lee

State

NJ

Zip Code

07024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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
06		30		2013

Transaction ID : SA11AI.5647

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

mohammed amanollahi

Mailing Address 2165 23rd Street

City

Astoria

State

NY

Zip Code

11102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : SA11AI.5642

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

joseph awad

Mailing Address 600 old country road

City

garden city

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

attorney

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
06		21		2013

Transaction ID : SA11AI.5655

Amount of Each Receipt this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 9

(check only one)

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

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NAME OF COMMITTEE (In Full)

Espaillat for Congress

Full Name (Last, First, Middle Initial)

A. Ramon A. Escobar

Mailing Address 105 Sherman Avenue

City

White Plains

State

NY

Zip Code

10607

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Real Estate

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
06		28		2013

Transaction ID : SA11AI.5637

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Avik Kabessa

Mailing Address 4 Lavendar Lane

City

Rye

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Doctor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SA11AI.5638

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Luis Minaya

Mailing Address 20 Sherman Avenue
Apt. 5A

City

New York

State

NY

Zip Code

10040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NHS HardwareOccupation
Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SA11AI.5641

Amount of Each Receipt this Period

800.00

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

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

2800.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 9

(check only one)

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

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NAME OF COMMITTEE (In Full)
Espallat for Congress

Full Name (Last, First, Middle Initial)

dario a oleaga

Mailing Address 48 hillcrest avenue

City
yonkersState
NYZip Code
10705FEC ID number of contributing
federal political committee.

C

Name of Employer
umbrella loungeOccupation
owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SA11AI.5639

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Eduardo L PignanelliMailing Address 601 West 177th Street
Apt. 1City
New YorkState
NYZip Code
10033FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Doctor

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
06		28		2013

Transaction ID : SA11AI.5644

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Michel ZaleskiMailing Address 300 Central Park West
Apt. 29DCity
New YorkState
NYZip Code
10024FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Investments

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : SA11AI.5649

Amount of Each Receipt this Period

2500.00

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

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

6000.00

13300.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 9

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Espallat for Congress

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

Glaction LLCNature of Debt (Purpose):
consult fee due

Mailing Address 5030 Broadway

City State

Zip Code

New York

NY

10034

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.5144

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

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

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

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) ►

1500.00

2) **TOTALS** This Period (last page this line number only) ►

1500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1500.00