

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Walrond for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	33575.05	181400.81
(b) Total Contribution Refunds (from Line 20(d))	0.00	1008.40
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	33575.05	180392.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	87767.94	158067.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	15.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	87767.94	158052.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	20689.71	
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).....	0.00	

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

Walrond for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22079.05	122353.47
(ii) Unitemized.....	11496.00	56157.65
(iii) TOTAL of contributions from individuals ▶	33575.05	178511.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	2889.69
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	33575.05	181400.81
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	15.00
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)..... ▶	33575.05	181415.81

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	87767.94	158067.70
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	1008.40
(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	1008.40
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	87767.94	159076.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	74882.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	33575.05
25. SUBTOTAL (add Line 23 and Line 24).....	108457.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	87767.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20689.71

**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 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Adeola Adejobi

Mailing Address 304 W 117th St
Apt 2A

City New York State NY Zip Code 10026-1573

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

Name of Employer Self Occupation Royal Worldview International Properti

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 31 / 2014

Transaction ID : VNHZ8CPAM93

Amount of Each Receipt this Period
250.00

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

Mailing Address 270 W 124th St
Apt 11B

City New York State NY Zip Code 10027-5087

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

Name of Employer Daniel Beaty Productions, Inc Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : VNHZ8CP6S59

Amount of Each Receipt this Period
1000.00

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

Mailing Address 720 Lenox Ave
Apt 27J

City New York State NY Zip Code 10039-4435

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

Name of Employer DOE Occupation Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 13 / 2014

Transaction ID : VNHZ8CK70S6

Amount of Each Receipt this Period
600.00

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

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Brian Benjamin

Mailing Address 15 W 116th St
Apt 2A

City State Zip Code
New York NY 10026-2797

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

Name of Employer Occupation
Benjamin Capital Solutions Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : VNHZ8CMQ9W6

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
*

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

Mailing Address 45 N Ocean Ave
Apt 3G

City State Zip Code
Freeport NY 11520-3026

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

Name of Employer Occupation
JP Morgan Chase Account Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
610.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2014

Transaction ID : VNHZ8CNB624

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Valerie Brown-Simmons

Mailing Address 514 E 163rd St
Apt 4B

City State Zip Code
Bronx NY 10451-4264

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

Name of Employer Occupation
Memorial Sloan Kettering Cancer Center Data Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : VNHZ8CJTRC1

Amount of Each Receipt this Period
50.00

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Keiona Cherry

Mailing Address 55 La Salle St
21 h

City State Zip Code
New York NY 10027-4770

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

Name of Employer Occupation
Starbucks Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : VNHZ8CKQCC7

Amount of Each Receipt this Period
50.00

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

Mailing Address 55 La Salle St
21 h

City State Zip Code
New York NY 10027-4770

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

Name of Employer Occupation
Starbucks Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : VNHZ8CNWQE8

Amount of Each Receipt this Period
100.00

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

Mailing Address 45 W 132nd St
Apt 3D

City State Zip Code
New York NY 10037-3106

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

Name of Employer Occupation
Merck Scientist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
215.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 14 / 2014

Transaction ID : VNHZ8CKAD92

Amount of Each Receipt this Period
15.00

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

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

165.00

**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 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
LARRY COVINGTON

Mailing Address 3367 William Newlin Dr

City State Zip Code
Graham NC 27253-9819

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

Name of Employer Occupation
EBENEZER UNITED CHURCH OF CHRIST PASTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2014

Transaction ID : VNHZ8CJVY49

Amount of Each Receipt this Period
500.00

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

Mailing Address 141 W 131st St
Apt 1

City State Zip Code
New York NY 10027-2199

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

Name of Employer Occupation
Self Employed Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : VNHZ8CPJDE0

Amount of Each Receipt this Period
1000.00

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

Mailing Address 485 Malcolm X Blvd
Apt 13C

City State Zip Code
New York NY 10037-2405

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

Name of Employer Occupation
Retired Information Technology Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2915.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 25 / 2014

Transaction ID : VNHZ8CNWTV6

Amount of Each Receipt this Period
10.00

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

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

1510.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Evelyn Davis

Mailing Address 485 Malcolm X Blvd
Apt 15H

City New York State NY Zip Code 10037-2406

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

Name of Employer retired Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
125.00

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

Transaction ID : VNHZ8CMDNH7

Amount of Each Receipt this Period
25.00

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

Mailing Address 485 Malcolm X Blvd
Apt 15H

City New York State NY Zip Code 10037-2406

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

Name of Employer retired Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2014

Transaction ID : VNHZ8CPEN96

Amount of Each Receipt this Period
110.00

C. Full Name (Last, First, Middle Initial)
Aaron S. Dennis

Mailing Address 547 W 147th St
Apt F1

City New York State NY Zip Code 10031-4444

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
290.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2014

Transaction ID : VNHZ8CPEMD7

Amount of Each Receipt this Period
50.00

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

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

185.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Kercena Dozier

Mailing Address 200 Bradhurst Ave
Apt 34

City New York State NY Zip Code 10039-1457

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

Name of Employer United NY & NYCC Occupation Community, Faith & Political Organizer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : VNHZ8CPANC8

Amount of Each Receipt this Period
75.00

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

Mailing Address 200 Bradhurst Ave
Apt 34

City New York State NY Zip Code 10039-1457

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

Name of Employer United NY & NYCC Occupation Community, Faith & Political Organizer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : VNHZ8CPX7F2

Amount of Each Receipt this Period
50.00

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

Mailing Address 920 Metcalf Ave
Apt 17F

City Bronx State NY Zip Code 10473-4027

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

Name of Employer Planned Parenthood Occupation Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 26 / 2014

Transaction ID : VNHZ8CPX6T6

Amount of Each Receipt this Period
150.00

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

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

275.00

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

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

FOR LINE NUMBER: PAGE 11 OF 72
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Sharon Edwards

Mailing Address 920 Metcalf Ave
Apt 17F

City State Zip Code
Bronx NY 10473-4027

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

Name of Employer Occupation
Planned Parenthood Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2014

Transaction ID : VNHZ8CPEMG9

Amount of Each Receipt this Period
100.00

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

Mailing Address 11210 Caddo Creek Ln

City State Zip Code
Houston TX 77089-5870

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2014

Transaction ID : VNHZ8CNB1W8

Amount of Each Receipt this Period
100.00

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

Mailing Address 770 Hewitt Pl

City State Zip Code
Bronx NY 10455-1810

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

Name of Employer Occupation
Self Employed Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2014

Transaction ID : VNHZ8CMEJ05

Amount of Each Receipt this Period
500.00

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 12 OF 72
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Toni Fay

Mailing Address 233 W Hudson Ave

City Englewood State NJ Zip Code 07631-1611

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : VNHZ8CMY350

Amount of Each Receipt this Period
 500.00

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

Mailing Address 163 W 129th St

City New York State NY Zip Code 10027-2167

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

Name of Employer Dept. of Education Occupation Educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 18 / 2014

Transaction ID : VNHZ8CQ8BM7

Amount of Each Receipt this Period
 100.00

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

Mailing Address 48 Macombs Pl Apt 2A

City New York State NY Zip Code 10039-1861

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

Name of Employer Bowery Resident's Committee Occupation Case Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 22 / 2014

Transaction ID : VNHZ8CNQQE9

Amount of Each Receipt this Period
 100.00

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

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

700.00

**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 13 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Ford

Mailing Address 4211 Lazy Creek Dr

City Marietta State GA Zip Code 30066-2778

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

Name of Employer Atlanta Project Management Solutions Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2014

Transaction ID : VNHZ8CN60C1

Amount of Each Receipt this Period
100.00

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

Mailing Address 2615 Grand Concourse Apt 4E

City Bronx State NY Zip Code 10468-4435

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

Name of Employer DOE Occupation Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : VNHZ8CNY8K0

Amount of Each Receipt this Period
50.00

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

Mailing Address 15913 85th St

City Howard Beach State NY Zip Code 11414-3026

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

Name of Employer consolidated bus transit Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : VNHZ8CJWMA3

Amount of Each Receipt this Period
1000.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Peggy Godette

Mailing Address 188 Saint Nicholas Ave
Apt 11

City State Zip Code
New York NY 10026-1227

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

Name of Employer Occupation Information Requested
Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : VNHZ8CNWPG1

Amount of Each Receipt this Period
100.00

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

Mailing Address 40 River Rd
Apt 3D

City State Zip Code
New York NY 10044-1136

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

Name of Employer Occupation Information Requested
JPMorgan Chase Auditor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : VNHZ8CMEYC4

Amount of Each Receipt this Period
150.00

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

Mailing Address 40 River Rd
Apt 3D

City State Zip Code
New York NY 10044-1136

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

Name of Employer Occupation Information Requested
JPMorgan Chase Auditor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : VNHZ8CPX7C8

Amount of Each Receipt this Period
50.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Karen Hall

Mailing Address 60 Saint Nicholas Ave
Apt 5C

City State Zip Code
New York NY 10026-2903

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

Name of Employer Occupation
New York State Insurance Fund Case Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : VNHZ8CKACR8

Amount of Each Receipt this Period
20.00

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

Mailing Address 60 Saint Nicholas Ave
Apt 5C

City State Zip Code
New York NY 10026-2903

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

Name of Employer Occupation
New York State Insurance Fund Case Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2014

Transaction ID : VNHZ8CNWQX6

Amount of Each Receipt this Period
200.00

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

Mailing Address 925 Brandon Rd

City State Zip Code
Durham NC 27713-1225

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

Name of Employer Occupation
BAYER CROPSCIENCE TRAFFIC ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : VNHZ8CJCRY3

Amount of Each Receipt this Period
250.00

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

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

470.00

**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 16 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Aaron Holloway

Mailing Address 245 Malcolm X Blvd
Apt 2

City New York State NY Zip Code 10027-5655

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

Name of Employer Fried Frank Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : VNHZ8CMHAX9

Amount of Each Receipt this Period
100.00

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

Mailing Address 29 W 138th St
Apt 6C

City New York State NY Zip Code 10037-1795

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

Name of Employer Tiffany & Co. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : VNHZ8CMF9H6

Amount of Each Receipt this Period
25.00

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

Mailing Address 29 W 138th St
Apt 6C

City New York State NY Zip Code 10037-1795

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

Name of Employer Tiffany & Co. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : VNHZ8CMQA81

Amount of Each Receipt this Period
250.00

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

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

375.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Corrine Irish

Mailing Address 1481 5th Ave
10C

City State Zip Code
New York NY 10035-2768

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

Name of Employer Occupation
Squire Sanders (US) LLP Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : VNHZ8CNYFB3

Amount of Each Receipt this Period
300.00

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

Mailing Address 9 W Fordham Rd
Apt 17G

City State Zip Code
Bronx NY 10468-5311

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

Name of Employer Occupation
Att Marketing Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
410.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : VNHZ8CKQCM0

Amount of Each Receipt this Period
10.00

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

Mailing Address 9 W Fordham Rd
Apt 17G

City State Zip Code
Bronx NY 10468-5311

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

Name of Employer Occupation
Att Marketing Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
410.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : VNHZ8CKQCP6

Amount of Each Receipt this Period
400.00

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

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

710.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Gloria Jernigan

Mailing Address 9 W Fordham Rd
Apt 17G

City State Zip Code
Bronx NY 10468-5311

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

Name of Employer Occupation
Att Marketing Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
435.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : VNHZ8CP78B9

Amount of Each Receipt this Period
25.00

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

Mailing Address 9 Fordham Hill Oval
Apt 17G

City State Zip Code
Bronx NY 10468-4816

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

Name of Employer Occupation
JP Morgan Chase Desktop Administration

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : VNHZ8CKQC93

Amount of Each Receipt this Period
100.00

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

Mailing Address 9 Fordham Hill Oval
Apt 17G

City State Zip Code
Bronx NY 10468-4816

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

Name of Employer Occupation
JP Morgan Chase Desktop Administration

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
205.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : VNHZ8CPENM3

Amount of Each Receipt this Period
5.00

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

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

130.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Falesto Joseph

Mailing Address 151 Nadell Ave NW

City State Zip Code
Palm Bay FL 32907-2818

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : VNHZ8CMN9X9

Amount of Each Receipt this Period
500.00

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

Mailing Address 92 Saint Nicholas Ave
Apt 5-H

City State Zip Code
New York NY 10026-2943

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

Name of Employer Occupation
Columbia University Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : VNHZ8CPCZK0

Amount of Each Receipt this Period
100.00

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

Mailing Address 226 W 140th St
Apt 3B

City State Zip Code
New York NY 10030-3402

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

Name of Employer Occupation
First Corinthian Baptist Church Admin. Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
731.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : VNHZ8CNHG07

Amount of Each Receipt this Period
100.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Sharon Joseph

Mailing Address 226 W 140th St
Apt 3B

City New York State NY Zip Code 10030-3402

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

Name of Employer First Corinthian Baptist Church Occupation Admin. Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **831.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : VNHZ8CP7241

Amount of Each Receipt this Period
100.00

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

Mailing Address 454 Manhattan Ave

City New York State NY Zip Code 10026

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2014

Transaction ID : VNHZ8CPX6Y7

Amount of Each Receipt this Period
50.00

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

Mailing Address 11-15 Clinton St
Apt 2E

City Newark State NJ Zip Code 07102-3732

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

Name of Employer Newark Public Schools Occupation Staffing Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : VNHZ8CMBHW7

Amount of Each Receipt this Period
100.00

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

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

250.00

**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 21 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Kellie Madden

Mailing Address 86 W 119th St
4C

City State Zip Code
New York NY 10026-1426

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

Name of Employer Occupation
Self Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 26 / 2014

Transaction ID : VNHZ8CNVGX4

Amount of Each Receipt this Period
250.00

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

Mailing Address 16443 87th St

City State Zip Code
Howard Beach NY 11414-3621

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

Name of Employer Occupation
consolidated bus transit president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : VNHZ8CJWMB1

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ebone McIntosh Carrington

Mailing Address 68 Bradhurst Ave
Apt 8J

City State Zip Code
New York NY 10039-3311

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

Name of Employer Occupation
Health and Hospitals Corporation Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1235.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : VNHZ8CP75A4

Amount of Each Receipt this Period
100.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Lamell McMorris

Mailing Address 11203 Orange Hibiscus Ln

City	State	Zip Code
Palm Beach Gardens	FL	33418-1515

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

Name of Employer	Occupation
Perennial Strategy Group	Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : VNHZ8CNT8V3

Amount of Each Receipt this Period

500.00

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

Mailing Address 2741 Sedgwick Ave

City	State	Zip Code
Bronx	NY	10468-3120

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : VNHZ8CP78H6

Amount of Each Receipt this Period

25.00

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

Mailing Address 8 Windsor Castle Ct

City	State	Zip Code
Greensboro	NC	27408-3171

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

Name of Employer	Occupation
Self	Endodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : VNHZ8CNYN32

Amount of Each Receipt this Period

2500.00

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

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

3025.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Michele Morgan

Mailing Address 1809 Adam Clayton Powell Jr Blvd
Apt 6C

City New York State NY Zip Code 10026-3657

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

Name of Employer retired from usps Occupation clerk

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 23 / 2014

Transaction ID : VNHZ8CKQC77

Amount of Each Receipt this Period
100.00

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

Mailing Address 1809 Adam Clayton Powell Jr Blvd
Apt 6C

City New York State NY Zip Code 10026-3657

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

Name of Employer retired from usps Occupation clerk

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2014

Transaction ID : VNHZ8CPX6X9

Amount of Each Receipt this Period
25.00

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

Mailing Address 1809 Adam Clayton Powell Jr Blvd
Apt 6C

City New York State NY Zip Code 10026-3657

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

Name of Employer retired from usps Occupation clerk

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : VNHZ8CP1AT5

Amount of Each Receipt this Period
25.00

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

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

150.00

**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 24 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Deandre Parks

Mailing Address

City State Zip Code

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

Name of Employer
Legg Mason Asset Management

Occupation
Fund Manger

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : VNHZ8CPX7E4

Amount of Each Receipt this Period

250.00

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

Mailing Address 310 W 139th St

City State Zip Code
New York NY 10030-1903

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

Name of Employer
Grace Congregational

Occupation
Pastor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : VNHZ8CMBGE6

Amount of Each Receipt this Period

500.00

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

Mailing Address 101 W 140th St
Apt 20

City State Zip Code
New York NY 10030-1730

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

Name of Employer
retired

Occupation
retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : VNHZ8CPEKZ7

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Walrond for Congress

A. B. Pyne bertsche
 Full Name (Last, First, Middle Initial)
 Mailing Address 2685 Creston Ave
 Apt 5J
 City State Zip Code
 Bronx NY 10468-3673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 retired retired
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : VNHZ8CPEMQ4
 Amount of Each Receipt this Period
 230.00

B. Maryann Riordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Malcolm X Blvd
 Apt 1C
 City State Zip Code
 New York NY 10037-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 harlem dental associates owner
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : VNHZ8CJNFR8
 Amount of Each Receipt this Period
 250.00

C. Arlene Shuler
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 E 135th St
 Apt 8H
 City State Zip Code
 New York NY 10037-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 unemployed Social Worker
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : VNHZ8CKACN4
 Amount of Each Receipt this Period
 100.00

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

580.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Arlene Shuler

Mailing Address 45 E 135th St
Apt 8H

City New York State NY Zip Code 10037-2314

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

Name of Employer unemployed Occupation Social Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
215.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : VNHZ8CKAD84

Amount of Each Receipt this Period
15.00

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

Mailing Address 45 E 135th St
Apt 8H

City New York State NY Zip Code 10037-2314

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

Name of Employer unemployed Occupation Social Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : VNHZ8CP72E0

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Crystal Sidberry-Turner

Mailing Address 2434 Middleberry Cloister

City Douglasville State GA Zip Code 30135-8131

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

Name of Employer The Credentialing Concierge, LLC Occupation President/ CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
427.44

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : VNHZ8CQ8CH6

Amount of Each Receipt this Period
63.09

* In-Kind: Fundraising Event

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

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

103.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Crystal Sidberry-Turner

Mailing Address 2434 Middleberry Cloister

City Douglasville State GA Zip Code 30135-8131

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

Name of Employer The Credentialing Concierge, LLC Occupation President/ CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **427.44**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : VNHZ8CQ8CK2

Amount of Each Receipt this Period
114.35

* In-Kind: Fundraising Event

B. Full Name (Last, First, Middle Initial)
Crystal Sidberry-Turner

Mailing Address 2434 Middleberry Cloister

City Douglasville State GA Zip Code 30135-8131

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

Name of Employer The Credentialing Concierge, LLC Occupation President/ CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1359.05**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2014

Transaction ID : VNHZ8CNQKN5

Amount of Each Receipt this Period
754.00

* In-Kind: Fundraising Event Space Rental

C. Full Name (Last, First, Middle Initial)
Crystal Sidberry-Turner

Mailing Address 2434 Middleberry Cloister

City Douglasville State GA Zip Code 30135-8131

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

Name of Employer The Credentialing Concierge, LLC Occupation President/ CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1359.05**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2014

Transaction ID : VNHZ8CQ8CA1

Amount of Each Receipt this Period
38.50

* In-Kind: Fundraising Event

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

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

906.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

Full Name (Last, First, Middle Initial) Crystal Sidberry-Turner		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Transaction ID : VNHZ8CQ8CB9
City Douglasville	State GA	Zip Code 30135-8131
FEC ID number of contributing federal political committee.	C	
Name of Employer The Credentialing Concierge, LLC	Occupation President/ CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1359.05	
		Amount of Each Receipt this Period 2.14
		* In-Kind: Fundraising Event

Full Name (Last, First, Middle Initial) Crystal Sidberry-Turner		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Transaction ID : VNHZ8CQ8CC7
City Douglasville	State GA	Zip Code 30135-8131
FEC ID number of contributing federal political committee.	C	
Name of Employer The Credentialing Concierge, LLC	Occupation President/ CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1359.05	
		Amount of Each Receipt this Period 32.97
		* In-Kind: Fundraising Event Space Rental

Full Name (Last, First, Middle Initial) Crystal Sidberry-Turner		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Transaction ID : VNHZ8CQ8CD4
City Douglasville	State GA	Zip Code 30135-8131
FEC ID number of contributing federal political committee.	C	
Name of Employer The Credentialing Concierge, LLC	Occupation President/ CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1359.05	
		Amount of Each Receipt this Period 39.96
		* In-Kind: Fundraising Event

SUBTOTAL of Receipts This Page (optional).....	75.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Crystal Sidberry-Turner

Mailing Address 2434 Middleberry Cloister

City Douglasville State GA Zip Code 30135-8131

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

Name of Employer The Credentialing Concierge, LLC Occupation President/ CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1359.05**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2014

Transaction ID : VNHZ8CQ8CE2

Amount of Each Receipt this Period
 23.90

* In-Kind: Fundraising Event

B. Full Name (Last, First, Middle Initial)
Crystal Sidberry-Turner

Mailing Address 2434 Middleberry Cloister

City Douglasville State GA Zip Code 30135-8131

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

Name of Employer The Credentialing Concierge, LLC Occupation President/ CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1359.05**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2014

Transaction ID : VNHZ8CQ8CF0

Amount of Each Receipt this Period
 21.00

* In-Kind: Fundraising Event

C. Full Name (Last, First, Middle Initial)
Crystal Sidberry-Turner

Mailing Address 2434 Middleberry Cloister

City Douglasville State GA Zip Code 30135-8131

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

Name of Employer The Credentialing Concierge, LLC Occupation President/ CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1359.05**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2014

Transaction ID : VNHZ8CQ8CN8

Amount of Each Receipt this Period
 19.14

* In-Kind: Fundraising Event

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

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

64.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Alexander Smalls

Mailing Address 310 Convent Ave
Apt 2E

City State Zip Code
New York NY 10031-6335

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

Name of Employer Occupation
HJE Owner / Restaurateur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : VNHZ8CMK4D7

Amount of Each Receipt this Period
500.00

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

Mailing Address 200 W 136th St
Apt 2B

City State Zip Code
New York NY 10030-2698

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

Name of Employer Occupation
Morgan Lewis and Bockius Legal Secretary

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : VNHZ8CJW0H5

Amount of Each Receipt this Period
250.00

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

Mailing Address 1357 Michael Way

City State Zip Code
Marietta GA 30062-6270

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

Name of Employer Occupation
Unemployed Unemployed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 17 / 2014

Transaction ID : VNHZ8CNAKQ7

Amount of Each Receipt this Period
200.00

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

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

950.00

**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 31 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Charles Thomas

Mailing Address 80 Saint Nicholas Pl
Apt 4C

City New York State NY Zip Code 10032-8061

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

Name of Employer NYS Tax Occupation Tax Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **265.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : VNHZ8CMQN41

Amount of Each Receipt this Period
250.00

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

Mailing Address 80 Saint Nicholas Pl
Apt 4C

City New York State NY Zip Code 10032-8061

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

Name of Employer NYS Tax Occupation Tax Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **265.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : VNHZ8CMQN59

Amount of Each Receipt this Period
15.00

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

Mailing Address 4200 Hutchinson River Pkwy E

City Bronx State NY Zip Code 10475-4702

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2014

Transaction ID : VNHZ8CJWH57

Amount of Each Receipt this Period
1000.00

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

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

1265.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Terri Tildon

Mailing Address 257 W 116th St
Apt 5A

City State Zip Code
New York NY 10026-4910

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

Name of Employer Occupation
FEDCAP Rehabilitation Vocational Evaluator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
720.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 13 / 2014

Transaction ID : VNHZ8CMBG21

Amount of Each Receipt this Period
35.00

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

Mailing Address 257 W 116th St
Apt 5A

City State Zip Code
New York NY 10026-4910

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

Name of Employer Occupation
FEDCAP Rehabilitation Vocational Evaluator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
820.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : VNHZ8CKOJ86

Amount of Each Receipt this Period
100.00

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

Mailing Address 257 W 116th St
Apt 5A

City State Zip Code
New York NY 10026-4910

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

Name of Employer Occupation
FEDCAP Rehabilitation Vocational Evaluator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
845.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2014

Transaction ID : VNHZ8CMSFA4

Amount of Each Receipt this Period
25.00

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

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

160.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Terri Tildon

Mailing Address 257 W 116th St
Apt 5A

City New York State NY Zip Code 10026-4910

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

Name of Employer FEDCAP Rehabilitation Occupation Vocational Evaluator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **895.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : VNHZ8CNRCD5

Amount of Each Receipt this Period
50.00

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

Mailing Address 257 W 116th St
Apt 5A

City New York State NY Zip Code 10026-4910

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

Name of Employer FEDCAP Rehabilitation Occupation Vocational Evaluator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **925.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2014

Transaction ID : VNHZ8CNWTN8

Amount of Each Receipt this Period
30.00

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

Mailing Address 257 W 116th St
Apt 5A

City New York State NY Zip Code 10026-4910

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

Name of Employer FEDCAP Rehabilitation Occupation Vocational Evaluator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2725.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : VNHZ8CP74Z7

Amount of Each Receipt this Period
1675.00

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

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

1755.00

**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 34 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walrond for Congress

A. Full Name (Last, First, Middle Initial)
Terri Tildon

Mailing Address 257 W 116th St
Apt 5A

City New York State NY Zip Code 10026-4910

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

Name of Employer FEDCAP Rehabilitation Occupation Vocational Evaluator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2725.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : VNHZ8CP7513

Amount of Each Receipt this Period
125.00

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

Mailing Address 45 N Ocean Ave
Apt 3G

City Freeport State NY Zip Code 11520-3026

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

Name of Employer NCO FINANCIAL GROUP Occupation COLLECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1510.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2014

Transaction ID : VNHZ8CNB6G2

Amount of Each Receipt this Period
100.00

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

Mailing Address 3370 Decatur Ave
Apt 4B

City Bronx State NY Zip Code 10467-3474

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

Name of Employer LOJCA Occupation TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : VNHZ8CM2TM5

Amount of Each Receipt this Period
100.00

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

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

325.00

22079.05

**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 35 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Adeola Adejobi		Date of Disbursement MM / DD / YYYY 05 / 09 / 2014
Mailing Address 304 W 117th St Apt 2A		Amount of Each Disbursement this Period 1500.00 Transaction ID : VNH009S3PP7
City New York	State NY	
Zip Code 10026-1573	Purpose of Disbursement Real Estate Broker Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 81 W 125th St		Amount of Each Disbursement this Period 75.00 Transaction ID : VNH009S1T15
City New York	State NY	
Zip Code 10027-4512	Purpose of Disbursement Phone Minutes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 81 W 125th St		Amount of Each Disbursement this Period 100.00 Transaction ID : VNH009S1T23
City New York	State NY	
Zip Code 10027-4512	Purpose of Disbursement Phone Minutes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1675.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 81 W 125th St		Amount of Each Disbursement this Period 20.00
City New York	State NY	
Zip Code 10027-4512	Purpose of Disbursement Phone Minutes	Transaction ID : VNH009S1T31
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 81 W 125th St		Amount of Each Disbursement this Period 1.07
City New York	State NY	
Zip Code 10027-4512	Purpose of Disbursement Phone Fee	Transaction ID : VNH009S1W34
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 81 W 125th St		Amount of Each Disbursement this Period 177.22
City New York	State NY	
Zip Code 10027-4512	Purpose of Disbursement Phone Bill	Transaction ID : VNH009S3WQ7
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	198.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 72		
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Billie's Black		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 271 W 119th St		Amount of Each Disbursement this Period 650.00 Transaction ID : VNH009S1VS7
City New York	State NY	
Zip Code 10026-1103	Purpose of Disbursement Catering for Volunteer Rally	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Brown Miller Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 312 Granite Ave		Amount of Each Disbursement this Period 5012.90 Transaction ID : VNH009S3PM1
City Richmond	State VA	
Zip Code 23226-2144	Purpose of Disbursement Direct Mail Consulting Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CostCo		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 517 E 117th St		Amount of Each Disbursement this Period 50.24 Transaction ID : VNH009S2R26
City New York	State NY	
Zip Code 10035-4409	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5713.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 72		
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Costco		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 517 E 117th St		Amount of Each Disbursement this Period 366.41
City New York	State NY	
Zip Code 10035-4409	Purpose of Disbursement Campaign event Supplies	Transaction ID : VNH009S1VX7
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Costco		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 517 E 117th St		Amount of Each Disbursement this Period 114.36
City New York	State NY	
Zip Code 10035-4409	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S32B8
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Costco		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 517 E 117th St		Amount of Each Disbursement this Period 49.45
City New York	State NY	
Zip Code 10035-4409	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S31C3
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	530.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Costco		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 517 E 117th St		Amount of Each Disbursement this Period 91.59
City New York	State NY	
Zip Code 10035-4409	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S3292
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Costco		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 517 E 117th St		Amount of Each Disbursement this Period 88.79
City New York	State NY	
Zip Code 10035-4409	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S9CB7
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cove Lounge		Date of Disbursement MM / DD / YYYY 05 / 09 / 2014
Mailing Address 325 Malcolm X Blvd		Amount of Each Disbursement this Period 250.00
City New York	State NY	
Zip Code 10027-3704	Purpose of Disbursement Space Rental	Transaction ID : VNH009S3PN9
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	430.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Linara Davidson		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 112 Odell Clark Pl Apt 5H		Amount of Each Disbursement this Period 6000.00 Transaction ID : VNH009S1SW5
City New York	State NY	
Zip Code 10030-2329	Purpose of Disbursement Consultant Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Linara Davidson		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 112 Odell Clark Pl Apt 5H		Amount of Each Disbursement this Period 4000.00 Transaction ID : VNH009S9BX7
City New York	State NY	
Zip Code 10030-2329	Purpose of Disbursement Consultant Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Linara Davidson		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 112 Odell Clark Pl Apt 5H		Amount of Each Disbursement this Period 4000.00 Transaction ID : VNH009S4SZ1
City New York	State NY	
Zip Code 10030-2329	Purpose of Disbursement Consultant Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	14000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Ricky Day		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 110 Saint Nicholas Ave Apt 3A		Amount of Each Disbursement this Period 650.00 Transaction ID : VNH009S10T7
City New York State NY Zip Code 10026-4411	Purpose of Disbursement Consultant Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ricky Day		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 110 Saint Nicholas Ave Apt 3A		Amount of Each Disbursement this Period 53.57 Transaction ID : VNH009S1WN6
City New York State NY Zip Code 10026-4411	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dream Center		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 203-205 W 119th st		Amount of Each Disbursement this Period 113.00 Transaction ID : VNH009S8JD7
City New York State NY Zip Code 10027	Purpose of Disbursement Laptop Rental 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	816.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement MM / DD / YYYY 05 / 10 / 2014
Mailing Address 1122 Lexington Ave		Amount of Each Disbursement this Period 6,000.00 Transaction ID : VNH009S3RJ9
City New York	State NY	
Zip Code 10075-0349	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Vincent Ferguson		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 304 W 117th St Apt 3D		Amount of Each Disbursement this Period 250.00 Transaction ID : VNH009S8J96
City New York	State NY	
Zip Code 10026-1574	Purpose of Disbursement Video Production and Edit	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GAIA 188, LLC		Date of Disbursement MM / DD / YYYY 04 / 12 / 2014
Mailing Address 152 W 57th St Fl 9		Amount of Each Disbursement this Period 6000.00 Transaction ID : VNH009S1V59
City New York	State NY	
Zip Code 10019-3386	Purpose of Disbursement Office Rent Deposit	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6355.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. GAIA 188, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 152 W 57th St FI 9		Amount of Each Disbursement this Period 3000.00 Transaction ID : VNH009S1V75
City New York	State NY Zip Code 10019-3386	
Purpose of Disbursement Office Rent Deposit	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jerry Goldfeder		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 180 Maiden Ln		Amount of Each Disbursement this Period 4000.00 Transaction ID : VNH009S10P5
City New York	State NY Zip Code 10038-4925	
Purpose of Disbursement Retainer for Legal Services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Khaleel Harry		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address		Amount of Each Disbursement this Period 200.00 Transaction ID : VNH009S6QW1
City	State Zip Code	
Purpose of Disbursement Entertainment for Campaign Event	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Khaleel Harry		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 200.00 Transaction ID : VNH009S8JJ7
City	State Zip Code	
Purpose of Disbursement Entertainment for Campaign Event	Category/ Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hess		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 120-128 W 145th St		Amount of Each Disbursement this Period 70.00 Transaction ID : VNH009S2QZ4
City	State Zip Code	
New York NY 10039-4103		
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Hess		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 120-128 W 145th St		Amount of Each Disbursement this Period 30.00 Transaction ID : VNH009S2QY6
City	State Zip Code	
New York NY 10039-4103		
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Hess		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 120-128 W 145th St		Amount of Each Disbursement this Period 110.00
City New York	State NY	
Zip Code 10039-4103	Purpose of Disbursement Gas	Transaction ID : VNH009S2QX8
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 600 Exterior St		Amount of Each Disbursement this Period 261.17
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S1T49
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 600 Exterior St		Amount of Each Disbursement this Period 116.87
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S1T56
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	488.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Home Depot		Date of Disbursement MM / DD / YYYY 04 / 18 / 2014
Mailing Address 600 Exterior St		Amount of Each Disbursement this Period 51.81
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S1TA6
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Home Depot		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 600 Exterior St		Amount of Each Disbursement this Period 42.72
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S31D1
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Home Depot		Date of Disbursement MM / DD / YYYY 05 / 06 / 2014
Mailing Address 600 Exterior St		Amount of Each Disbursement this Period 43.53
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S3PJ5
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	138.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 600 Exterior St		Amount of Each Disbursement this Period 21.71
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S3PK3
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 600 Exterior St		Amount of Each Disbursement this Period 90.12
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S3W47
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 600 Exterior St		Amount of Each Disbursement this Period 138.26
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S6QS7
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial)
A. Home Depot

Mailing Address 600 Exterior St

City Bronx State NY Zip Code 10451-2021

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 26 / 2014

Amount of Each Disbursement this Period: 55.59

Transaction ID : VNH009S6QE0

Category/Type: 001

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

Mailing Address 161 W 140th St Apt 9

City New York State NY Zip Code 10030-1713

Purpose of Disbursement Posters Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 07 / 2014

Amount of Each Disbursement this Period: 4200.00

Transaction ID : VNH009S10Q3

Category/Type: 006

Full Name (Last, First, Middle Initial)
c. HUNC Printing

Mailing Address 161 W 140th St Apt 9

City New York State NY Zip Code 10030-1713

Purpose of Disbursement Posters Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 15 / 2014

Amount of Each Disbursement this Period: 2250.00

Transaction ID : VNH009S10S9

Category/Type: 006

SUBTOTAL of Disbursements This Page (optional)..... 6505.59

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. HUNC Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 550.00
City New York	State NY	
Zip Code 10030-1713	Purpose of Disbursement Posters Printing	Transaction ID : VNH009S10R1
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HUNC Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 10000.00
City New York	State NY	
Zip Code 10030-1713	Purpose of Disbursement Printing	Transaction ID : VNH009S1WE1
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. HUNC Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 350.00
City New York	State NY	
Zip Code 10030-1713	Purpose of Disbursement Printing	Transaction ID : VNH009S8JQ6
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. HUNC Printing		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 3440.00
City New York	State NY	
Zip Code 10030-1713	Purpose of Disbursement Street Awareness	Transaction ID : VNH009S4SJ0
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HUNC Printing		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 3440.00
City New York	State NY	
Zip Code 10030-1713	Purpose of Disbursement Street Awareness	Transaction ID : VNH009S4SH2
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. HUNC Printing		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 492.00
City New York	State NY	
Zip Code 10030-1713	Purpose of Disbursement Street Awareness	Transaction ID : VNH009S6QA9
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7372.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. HUNC Printing		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 2948.00
City New York	State NY	
Zip Code 10030-1713	Purpose of Disbursement Street Awareness	Transaction ID : VNH009S6QB6
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ernesto Johnson		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 894 Park Ave		Amount of Each Disbursement this Period 200.00
City Brooklyn	State NY	
Zip Code 11206-7302	Purpose of Disbursement Dee Jay Fee	Transaction ID : VNH009S1TF5
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Katrell Lewis		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 940 Gates Ave Apt 6F		Amount of Each Disbursement this Period 1600.00
City Brooklyn	State NY	
Zip Code 11221-3643	Purpose of Disbursement Consultant Fee	Transaction ID : VNH009S8ZE3
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4748.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Katrell Lewis		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 940 Gates Ave Apt 6F		Amount of Each Disbursement this Period 1600.00 Transaction ID : VNH009S6QC4
City Brooklyn	State NY	
Zip Code 11221-3643	Purpose of Disbursement Consultant Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Katrell Lewis		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 940 Gates Ave Apt 6F		Amount of Each Disbursement this Period 30.00 Transaction ID : VNH009S6Q83
City Brooklyn	State NY	
Zip Code 11221-3643	Purpose of Disbursement Voting Registration Forms	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. MetroPCS		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1861 Lexington Ave		Amount of Each Disbursement this Period 125.00 Transaction ID : VNH009S1VQ1
City New York	State NY	
Zip Code 10029-2004	Purpose of Disbursement Phone Bill	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1755.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. National Black Theater			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014	
Mailing Address 2031 5th Ave			Amount of Each Disbursement this Period 1250.00	
City New York	State NY	Zip Code 10035-1503	Transaction ID : VNH009RC658	
Purpose of Disbursement Event Space Rental		Category/Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. New Heritage Films			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 253 W 138th St			Amount of Each Disbursement this Period 600.00	
City New York	State NY	Zip Code 10030-0560	Transaction ID : VNH009S9CF9	
Purpose of Disbursement Video Production and Edit		Category/Type 006		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. NGP Van			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 1101 15th St NW Ste 500			Amount of Each Disbursement this Period 2100.00	
City Washington	State DC	Zip Code 20005-5006	Transaction ID : VNH009S68T1	
Purpose of Disbursement Online database		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Online database	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VNH009S68T1

online database initial payment

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Anthony Nixon		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 525.00 Transaction ID : VNH009S3WE6
City New York State NY Zip Code 10030-1713	Purpose of Disbursement Fundraising Materials Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MOS Silkscreens Inc		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 2500 Frederick Douglass Blvd		Amount of Each Disbursement this Period 525.00 Transaction ID : VNH009S3WF4
City New York State NY Zip Code 10030-2777	Purpose of Disbursement Fundraising Materials Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) c. Anthony Nixon		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 175.00 Transaction ID : VNH009S3WG2
City New York State NY Zip Code 10030-1713	Purpose of Disbursement Parking Garage Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Anthony Nixon		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address 161 W 140th St Apt 9		Amount of Each Disbursement this Period 87.83 Transaction ID : VNH009S6Q91
City New York State NY Zip Code 10030-1713	Purpose of Disbursement Shipping Costs Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 2211 N 1st St		Amount of Each Disbursement this Period 66.12 Transaction ID : VNH009S8ZB9
City San Jose State CA Zip Code 95131-2021	Purpose of Disbursement paypal merchant services fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period 100.00 Transaction ID : VNH009S9C92
City State Zip Code	Purpose of Disbursement Petty Cash Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	253.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Petty Cash		M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 100.00
City State Zip Code		
Purpose of Disbursement Petty Cash	001	Transaction ID : VNH009S9CA0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Petty Cash		M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 100.00
City State Zip Code		
Purpose of Disbursement Petty Cash	001	Transaction ID : VNH009S8J62
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Petty Cash		M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address		Amount of Each Disbursement this Period 20.00
City State Zip Code		
Purpose of Disbursement Petty Cash	001	Transaction ID : VNH009S8JM3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 72		
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Positive Community		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 133 Glenridge Ave		Amount of Each Disbursement this Period 950.00 Transaction ID : VNH009S6Q17
City Montclair	State NJ	
Zip Code 07042-3739	Purpose of Disbursement Campaign Advertisement	Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 25.00 Transaction ID : VNH009S9C68
City McLean	State VA	
Zip Code 22102-4304	Purpose of Disbursement Merchant Chargeback	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 609.47 Transaction ID : VNH009S8JC0
City McLean	State VA	
Zip Code 22102-4304	Purpose of Disbursement Merchant Services Fees	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1584.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Sage Payment Solutions		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 241.78
City McLean	State VA	
Zip Code 22102-4304	Purpose of Disbursement Merchant Services Fees	001 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Schmutter, Strull, Fleisch Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 80 Maiden Ln 1203		Amount of Each Disbursement this Period 1290.85
City New York	State NY	
Zip Code 10038-4811	Purpose of Disbursement General Liability Insurance	001 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Crystal Sidberry-Turner		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 63.09
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1595.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Crystal Sidberry-Turner		Date of Disbursement MM / DD / YYYY 05 / 16 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 906.85
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event	Transaction ID : VNHZ8CQ8CK2I
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. Crystal Sidberry-Turner		Date of Disbursement MM / DD / YYYY 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 754.00
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event Space Rental	Transaction ID : VNHZ8CNQKN5I
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) c. Crystal Sidberry-Turner		Date of Disbursement MM / DD / YYYY 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 38.50
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event	Transaction ID : VNHZ8CQ8CA11
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	906.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Crystal Sidberry-Turner		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 2.14
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event	* In-Kind Received
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Crystal Sidberry-Turner		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 32.97
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event Space Rental	* In-Kind Received
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Crystal Sidberry-Turner		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 39.96
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event	* In-Kind Received
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	75.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Crystal Sidberry-Turner		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 23.90
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event	Transaction ID : VNHZ8CQ8CE2I
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. Crystal Sidberry-Turner		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 21.00
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event	Transaction ID : VNHZ8CQ8CF0I
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) c. Crystal Sidberry-Turner		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 2434 Middleberry Cloister		Amount of Each Disbursement this Period 19.14
City Douglasville	State GA	
Zip Code 30135-8131	Purpose of Disbursement Fundraising Event	Transaction ID : VNHZ8CQ8CN8I
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	64.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Jonathan Soto		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address 200 Beacon Hill Dr Apt 1Q		Amount of Each Disbursement this Period 500.00 Transaction ID : VNH009S1W01
City Dobbs Ferry	State NY Zip Code 10522-2429	
Purpose of Disbursement Consultant Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jonathan Soto		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address 200 Beacon Hill Dr Apt 1Q		Amount of Each Disbursement this Period 1000.00 Transaction ID : VNH009S1W18
City Dobbs Ferry	State NY Zip Code 10522-2429	
Purpose of Disbursement Consultant Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jonathan Soto		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 200 Beacon Hill Dr Apt 1Q		Amount of Each Disbursement this Period 111.87 Transaction ID : VNH009S6QV3
City Dobbs Ferry	State NY Zip Code 10522-2429	
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1611.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. CostCo		Date of Disbursement MM / DD / YYYY 04 / 28 / 2014
Mailing Address 517 E 117th St		Amount of Each Disbursement this Period 111.87
City New York	State NY	
Zip Code 10035-4409	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S8ZN8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Jonathan Soto		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 200 Beacon Hill Dr Apt 1Q		Amount of Each Disbursement this Period 4000.00
City Dobbs Ferry	State NY	
Zip Code 10522-2429	Purpose of Disbursement Consultant Fee	Transaction ID : VNH009S6QG6
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 78.38
City New York	State NY	
Zip Code 10027-4444	Purpose of Disbursement printer ink	Transaction ID : VNH009RWYW6
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4078.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 72		
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 0.33 Transaction ID : VNH009S1SZ9
City New York	State NY	
Zip Code 10027-4444	Purpose of Disbursement Campaign Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 48.20 Transaction ID : VNH009S1T07
City New York	State NY	
Zip Code 10027-4444	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 130.64 Transaction ID : VNH009S1T80
City New York	State NY	
Zip Code 10027-4444	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	179.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement MM / DD / YYYY 04 / 19 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 77.76
City New York	State NY	
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 04 / 21 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 181.46
City New York	State NY	
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 04 / 25 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 18.49
City New York	State NY	
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	277.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 76.19
City New York	State NY	
Zip Code 10027-4444	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S8JP9
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 84.91
City New York	State NY	
Zip Code 10027-4444	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S31E9
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 05 / 10 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 35.93
City New York	State NY	
Zip Code 10027-4444	Purpose of Disbursement Office Supplies	Transaction ID : VNH009S3RK7
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	197.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 105 W 125th St		Amount of Each Disbursement this Period 71.25 Transaction ID : VNH009S6Q75
City New York	State NY	
Zip Code 10027-4444	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Target		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 600 Exterior Street		Amount of Each Disbursement this Period 61.79 Transaction ID : VNH009S2R00
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Target		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 600 Exterior Street		Amount of Each Disbursement this Period 45.10 Transaction ID : VNH009S2R34
City Bronx	State NY	
Zip Code 10451-2021	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	178.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Target		M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 600 Exterior Street		Amount of Each Disbursement this Period
City Bronx State NY Zip Code 10451-2021		108.81
Purpose of Disbursement Office Supplies	Category/ Type 001	Transaction ID : VNH009S1TB4
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Target		M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 600 Exterior Street		Amount of Each Disbursement this Period
City Bronx State NY Zip Code 10451-2021		5.42
Purpose of Disbursement Office Supplies	Category/ Type 001	Transaction ID : VNH009S2R18
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Target		M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 600 Exterior Street		Amount of Each Disbursement this Period
City Bronx State NY Zip Code 10451-2021		23.47
Purpose of Disbursement Office Supplies	Category/ Type 001	Transaction ID : VNH009S3284
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	137.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 72			
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Taxi		M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 3833B 29th St		Amount of Each Disbursement this Period
City	State	Zip Code
Long Island City	NY	11101-2714
Purpose of Disbursement	Category/ Type	Transaction ID : VNH009S10M9
Taxi Ride		002
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Taxi		M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 3833B 29th St		Amount of Each Disbursement this Period
City	State	Zip Code
Long Island City	NY	11101-2714
Purpose of Disbursement	Category/ Type	Transaction ID : VNH009S10N7
Taxi Ride		002
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Taxi		M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 3833B 29th St		Amount of Each Disbursement this Period
City	State	Zip Code
Long Island City	NY	11101-2714
Purpose of Disbursement	Category/ Type	Transaction ID : VNH009S8ZF1
Taxi Ride		002
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	51.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Taxi		M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 3833B 29th St		Amount of Each Disbursement this Period 20.00
City Long Island City	State NY Zip Code 11101-2714	
Purpose of Disbursement Taxi Ride	Category/Type 002	Transaction ID : VNH009S3PQ5
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Taxi		M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 3833B 29th St		Amount of Each Disbursement this Period 13.70
City Long Island City	State NY Zip Code 11101-2714	
Purpose of Disbursement Taxi Ride	Category/Type 002	Transaction ID : VNH009S4CR9
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Taxi		M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 3833B 29th St		Amount of Each Disbursement this Period 13.00
City Long Island City	State NY Zip Code 11101-2714	
Purpose of Disbursement Taxi Ride	Category/Type 002	Transaction ID : VNH009S4CS7
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	46.70
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 72	
	<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)
Walrond for Congress

Full Name (Last, First, Middle Initial)

A. Taxi

Mailing Address 3833B 29th St

City Long Island City State NY Zip Code 11101-2714

Purpose of Disbursement Taxi Ride

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 27 / 2014

Amount of Each Disbursement this Period: 6.50

Transaction ID : VNH009S6QD2

Category/Type: 002

Full Name (Last, First, Middle Initial)

B. Taxi

Mailing Address 3833B 29th St

City Long Island City State NY Zip Code 11101-2714

Purpose of Disbursement Taxi Ride

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 04 / 2014

Amount of Each Disbursement this Period: 21.00

Transaction ID : VNH009S8JE5

Category/Type: 002

Full Name (Last, First, Middle Initial)

c. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Airline Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 17 / 2014

Amount of Each Disbursement this Period: 430.50

Transaction ID : VNH009S6QT5

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional) 458.00

TOTAL This Period (last page this line number only) 85941.93