

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

GURFEIN FOR AMERICA

ADDRESS (number and street) ▼

PO BOX 42

Check if different than previously reported. (ACC)

MANHASSET

NY

11030

2. **FEC IDENTIFICATION NUMBER** ▼

C C00585463

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NY

03

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
GURFEIN FOR AMERICA

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))....	122860.00	254323.00
(b) Total Contribution Refunds (from Line 20(d))	4600.00	4600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	118260.00	249723.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22544.41	25631.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22544.41	25631.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	224091.51	
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).....	18187.44	

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

GURFEIN FOR AMERICA

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).....	120450.00	239607.50
(ii) Unitemized.....	2410.00	4328.00
(iii) TOTAL of contributions from individuals ▶	122860.00	243935.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) The Candidate.....	0.00	5387.50
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	122860.00	254323.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	122860.00	254323.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22544.41	25631.49
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	4600.00	4600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4600.00	4600.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	27144.41	30231.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	128375.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	122860.00
25. SUBTOTAL (add Line 23 and Line 24).....	251235.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27144.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	224091.51

**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 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
EDUARDO ABUSH

Mailing Address **2 COLUMBUS AVENUE 21A**

City **NY** State **NY** Zip Code **10023**

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

Name of Employer **WATERFRONT CAPITAL PARTNERS** Occupation **GENERAL PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.4604

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER BEALL

Mailing Address **26 MOHAWK LANE**

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

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

Name of Employer **OAKTREE CAPITAL** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period
5400.00

SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER BEALL

Mailing Address **26 MOHAWK LANE**

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

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

Name of Employer **OAKTREE CAPITAL** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.4617

Amount of Each Receipt this Period
-2700.00

REDESIGNATED
[MEMO ITEM]

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

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

5650.00

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

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

FOR LINE NUMBER: PAGE 6 OF 55
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER BEALL

Mailing Address **26 MOHAWK LANE**

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

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

Name of Employer **OAKTREE CAPITAL** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.4618

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ALICIA BELLANDI

Mailing Address **27 JACKSON AVE**

City **EAST QUOGUE** State **NY** Zip Code **11942**

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

Name of Employer **NORTH SHORE GYMNASTICS** Occupation **SELF-EMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
2500.00

SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
ALICIA BELLANDI

Mailing Address **27 JACKSON AVE**

City **EAST QUOGUE** State **NY** Zip Code **11942**

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

Name of Employer **NORTH SHORE GYMNASTICS** Occupation **SELF-EMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period
-2300.00

REDESIGNATED

[MEMO ITEM]

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. ALICIA BELLANDI		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 27 JACKSON AVE		Transaction ID : SA11AI.4687
City EAST QUOGUE	State NY Zip Code 11942	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2300.00
Name of Employer NORTH SHORE GYMNASTICS	Occupation SELF-EMPLOYED	REDESIGNATED
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FRANCIS BOYLE		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Mailing Address 225 VIA PINADA LN		Transaction ID : SA11AI.4609
City MARTINEZ	State CA Zip Code 94553	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	SEE REDESIGNATION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3200.00	

Full Name (Last, First, Middle Initial) C. FRANCIS BOYLE		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Mailing Address 225 VIA PINADA LN		Transaction ID : SA11AI.4610
City MARTINEZ	State CA Zip Code 94553	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period -500.00
Name of Employer RETIRED	Occupation RETIRED	REDESIGNATED
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
	<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)
GURFEIN FOR AMERICA

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

Mailing Address 225 VIA PINADA LN

City State Zip Code
MARTINEZ CA 94553

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
500.00

REDESIGNATED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KATHIE BOYLE

Mailing Address 225 VIA PINADA LN

City State Zip Code
MARTINEZ CA 94553

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FLUSHING KENT REALTY MANAGEMENT LLC

Mailing Address 136-48 39TH AVE.

City State Zip Code
FLUSHING NY 11354

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4742

Amount of Each Receipt this Period
10000.00

PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTIONS;
EXCESS TO BE REFUNDED

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

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

10500.00

**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 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
JUDSON AIN

Mailing Address 13648 39TH AVE

City FLUSHING State NY Zip Code 11354

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

Name of Employer FLUSHING KENT REALTY Occupation REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.4742.0

Amount of Each Receipt this Period
2700.00

PERMISSIBLE FUNDS: FLUSHING KENT REALTY;
REDESIGNATED
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JUDSON AIN

Mailing Address 13648 39TH AVE

City FLUSHING State NY Zip Code 11354

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

Name of Employer FLUSHING KENT REALTY Occupation REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.4742.1

Amount of Each Receipt this Period
-1350.00

REDESIGNATED
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JUDSON AIN

Mailing Address 13648 39TH AVE

City FLUSHING State NY Zip Code 11354

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

Name of Employer FLUSHING KENT REALTY Occupation REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.4742.2

Amount of Each Receipt this Period
1350.00

REDESIGNATED
[MEMO ITEM]

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

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

0.00

**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 55
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. SPENCER AIN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015
Mailing Address 13648 39TH AVE		Transaction ID : SA11AI.4742.3
City FLUSHING	State Zip Code NY 11354	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer FLUSHING KENT REALTY	Occupation REAL ESTATE BROKER	PERMISSIBLE FUNDS: FLUSHING KENT REALTY; REDESIGNATED [MEMO ITEM]
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) B. SPENCER AIN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015
Mailing Address 13648 39TH AVE		Transaction ID : SA11AI.4742.4
City FLUSHING	State Zip Code NY 11354	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1350.00
Name of Employer FLUSHING KENT REALTY	Occupation REAL ESTATE BROKER	REDESIGNATED [MEMO ITEM]
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1350.00	

Full Name (Last, First, Middle Initial) C. SPENCER AIN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015
Mailing Address 13648 39TH AVE		Transaction ID : SA11AI.4742.5
City FLUSHING	State Zip Code NY 11354	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1350.00
Name of Employer FLUSHING KENT REALTY	Occupation REAL ESTATE BROKER	REDESIGNATED [MEMO ITEM]
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
DREW FREIDES

Mailing Address 16736 CALLE ARBOLADA

City State Zip Code
PACIFIC PALISADES CA 90272

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

Name of Employer Occupation
UBS INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 08 / 2015

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JASON FRIEDMAN

Mailing Address 162 HARTSHORN DRIVE

City State Zip Code
SHORT HILLS NJ 07078

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

Name of Employer Occupation
MARATHON ASSET MANAGEMENT INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DAVID GALLO

Mailing Address 57 IRVING PLACE
APT. PH910

City State Zip Code
NEW YORK NY 10003

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

Name of Employer Occupation
VALINOR MANAGEMENT, L.P. INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2015

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period
5400.00
SEE REDESIGNATION

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

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

8600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
DAVID GALLO

Mailing Address 57 IRVING PLACE
APT. PH910

City NEW YORK State NY Zip Code 10003

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

Name of Employer VALINOR MANAGEMENT, L.P. Occupation INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
10 / 03 / 2015

Transaction ID : SA11AI.4538

Amount of Each Receipt this Period
-2700.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 57 IRVING PLACE
APT. PH910

City NEW YORK State NY Zip Code 10003

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

Name of Employer VALINOR MANAGEMENT, L.P. Occupation INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
10 / 03 / 2015

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
STEPHEN GASPER

Mailing Address 2204 WHITMAN LANE

City CARROLLTON State TX Zip Code 75010

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

Name of Employer STEPHEN G GASPER, MD PLLC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
12 / 21 / 2015

Transaction ID : SA11AI.4649

Amount of Each Receipt this Period
250.00

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: PAGE 13 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
GISELLE GERSON

Mailing Address **3 NICOLS COURT**

City **WEST HARRISON** State **NY** Zip Code **10604**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
12 / 31 / 2015

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DEBRA GIAIME

Mailing Address **10 SORREL HILL CT.**

City **MELVILLE** State **NY** Zip Code **11747**

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

Name of Employer **NORTH SHORE GYMNASTICS** Occupation **ADMINISTRATOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
12 / 22 / 2015

Transaction ID : SA11AI.4653

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DAN GINGOLD

Mailing Address **4071 BENEDICT CANYON DRIVE**

City **SHERMAN OAKS** State **CA** Zip Code **91423**

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

Name of Employer **GINGOLD & COMPANY** Occupation **CPA**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
12 / 24 / 2015

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 55
	<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)
GURFEIN FOR AMERICA

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

Mailing Address 59 VALLEY VIEW ROAD

City State Zip Code
GREAT NECK NY 11021

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

Name of Employer Occupation
NORTH SHORE AGENCY, LLC BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BEN GORDON

Mailing Address 260 DUNBAR ROAD

City State Zip Code
PALM BEACH FL 33480

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

Name of Employer Occupation
BG STRATEGIC ADVISORS INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3325 HAMILTON STREET

City State Zip Code
WEST LAFAYETTE IN 47906

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 55
	<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)
GURFEIN FOR AMERICA

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

Mailing Address 3325 HAMILTON STREET

City WEST LAFAYETTE State IN Zip Code 47906

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.4713.0

Amount of Each Receipt this Period
 -1000.00

REATTRIBUTED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HALLIE GORUP

Mailing Address 3325 HAMILTON STREET

City WEST LAFAYETTE State IN Zip Code 47906

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

Name of Employer G-1 PROPERTIES, LLC Occupation REAL ESTATE MGMT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.4713.1

Amount of Each Receipt this Period
 1000.00

REATTRIBUTED

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARK GRODZINSKY

Mailing Address 2208 GLENKIRK DR.

City SAN JOSE State CA Zip Code 95124

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

Name of Employer QUALCOMM Occupation DIRECTOR, PRODUCT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.4632

Amount of Each Receipt this Period
 500.00

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

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

500.00

**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 55
	<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)
GURFEIN FOR AMERICA

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

Mailing Address 83-09 TALBOT STREET #5A

City State Zip Code
KEW GARDENS NY 11415

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

Name of Employer Occupation
CENTURY MANAGEMENT REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CLARENCE HINTON

Mailing Address 84 LOVE LN

City State Zip Code
WESTON MA 02493

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

Name of Employer Occupation
NUANCE COMMUNICATIONS CORPORATE DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
THOMAS HOLSTEAD

Mailing Address 5335 BORDLEY DR

City State Zip Code
HOUSTON TX 77056

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

Name of Employer Occupation
MERRILL LYNCH FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2015

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
5400.00
SEE REDESIGNATION

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 17 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
THOMAS HOLSTEAD

Mailing Address 5335 BORDLEY DR

City HOUSTON State TX Zip Code 77056

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

Name of Employer MERRILL LYNCH Occupation FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2015

Transaction ID : SA11AI.4629

Amount of Each Receipt this Period
 _____ -2700.00

REDESIGNATED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
THOMAS HOLSTEAD

Mailing Address 5335 BORDLEY DR

City HOUSTON State TX Zip Code 77056

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

Name of Employer MERRILL LYNCH Occupation FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2015

Transaction ID : SA11AI.4630

Amount of Each Receipt this Period
 _____ 2700.00

REDESIGNATED

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRANS JOHANSSON

Mailing Address 401 PARK PL`

City BROOKLYN State NY Zip Code 11238

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

Name of Employer THE MEDICI GROUP Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.4736

Amount of Each Receipt this Period
 _____ 500.00

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

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

_____ 500.00

**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 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
MR. KIRIAKOS T KALOGIANNIS

Mailing Address 28-24 STEINWAY ST #112

City State Zip Code
ASTORIA NY 11103

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

Name of Employer Occupation
US DEPARTMENT OF DEFENSE MARITIME SECURITY OUTREACH OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRIAN KARPIEL

Mailing Address 1105 MAPESBURY LANE

City State Zip Code
WAXHAW NC 28173

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

Name of Employer Occupation
SEABURY SECURITIES INVESTMENT BANKING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
KEITH KAWASHIMA

Mailing Address 319 ZAGORA DRIVE

City State Zip Code
DANVILLE CA 94506

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

Name of Employer Occupation
PROTIVITI CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 15 2015

Transaction ID : SA11AI.4634

Amount of Each Receipt this Period
500.00

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 19 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
FRED KEENEY

Mailing Address **6648 DALE AVE**

City **ST LOUIS** State **MO** Zip Code **63139**

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

Name of Employer **FREDERICK KEENEY** Occupation **FEDERAL SECURITY CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2015

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SHANNON KETE

Mailing Address **66 WATER STREET #3A**

City **BROOKLYN** State **NY** Zip Code **11201**

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

Name of Employer **AMPLIFY EDUCATION** Occupation **SVP - SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SA11AI.4549

Amount of Each Receipt this Period
250.00

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

Mailing Address **27 GATEWAY DR**

City **GREAT NECK** State **NY** Zip Code **11021**

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

Name of Employer **RELIANCE TRADING CORP OF AMERICA** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period
5400.00
 SEE REDESIGNATION

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

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

5900.00

**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 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
STEVEN KLEINBERG

Mailing Address 27 GATEWAY DR

City State Zip Code
GREAT NECK NY 11021

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

Name of Employer Occupation
RELIANCE TRADING CORP OF AMERICA PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11AI.4569

Amount of Each Receipt this Period
-2700.00

REDESIGNATED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEVEN KLEINBERG

Mailing Address 27 GATEWAY DR

City State Zip Code
GREAT NECK NY 11021

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

Name of Employer Occupation
RELIANCE TRADING CORP OF AMERICA PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MICHELE KORFIN

Mailing Address 202 MEADOW VIEW LANE

City State Zip Code
GLEN GARDNER NJ 08826

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

Name of Employer Occupation
CELGENE PROJECT LEADER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2015

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
250.00

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 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
RICHARD KRULIK

Mailing Address 400 WIRELESS BLVD

City: HAUPPAUGE State: NY Zip Code: 11788

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

Name of Employer: US LUGGAGE Occupation: CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 11 / 02 / 2015

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period: 5000.00

SEE REDESIGNATION

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

Mailing Address 400 WIRELESS BLVD

City: HAUPPAUGE State: NY Zip Code: 11788

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

Name of Employer: US LUGGAGE Occupation: CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 11 / 02 / 2015

Transaction ID : SA11AI.4565

Amount of Each Receipt this Period: -2300.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 400 WIRELESS BLVD

City: HAUPPAUGE State: NY Zip Code: 11788

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

Name of Employer: US LUGGAGE Occupation: CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 11 / 02 / 2015

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period: 2300.00

REDESIGNATED

[MEMO ITEM]

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

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

5000.00

**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 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
MARTIN LEBORGNE

Mailing Address 1205 N GARFIELD ST
APT 611

City ARLINGTON State VA Zip Code 22201

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

Name of Employer ACCENTURE FEDERAL SERVICES Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2015

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period
100.00

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

Mailing Address 245 W. 19TH ST
APT 1

City NEW YORK State NY Zip Code 10011

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

Name of Employer OAK POINT PARTNERS, INC. Occupation FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DAVID MACK

Mailing Address 2115 LINWOOD AVENUE
SUITE 110

City FORT LEE State NJ Zip Code 07024

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

Name of Employer THE MACK COMPANY Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period
2700.00

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

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

3050.00

**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 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
KATHLEEN MARLEY

Mailing Address 1092 HENDRIX AVE.

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer IXIA Occupation ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period
 5400.00
 SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
KATHLEEN MARLEY

Mailing Address 1092 HENDRIX AVE.

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer IXIA Occupation ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
 -2700.00
 REDESIGNATED
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KATHLEEN MARLEY

Mailing Address 1092 HENDRIX AVE.

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer IXIA Occupation ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period
 2700.00
 REDESIGNATED
[MEMO ITEM]

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

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

5400.00

**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 55
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) KENNETH MASTERS		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 301D MACALLA COURT		Transaction ID : SA11AI.4715	
City State Zip Code SAN FRANCISCO CA 94130	Amount of Each Receipt this Period 1000.00 SEE REDESIGNATION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation LATERAL INVESTMENT MANAGEMENT INVESTING		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) KENNETH MASTERS		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 301D MACALLA COURT		Transaction ID : SA11AI.4716	
City State Zip Code SAN FRANCISCO CA 94130	Amount of Each Receipt this Period -300.00 REDESIGNATED [MEMO ITEM]		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation LATERAL INVESTMENT MANAGEMENT INVESTING		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) KENNETH MASTERS		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 301D MACALLA COURT		Transaction ID : SA11AI.4717	
City State Zip Code SAN FRANCISCO CA 94130	Amount of Each Receipt this Period 300.00 REDESIGNATED [MEMO ITEM]		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation LATERAL INVESTMENT MANAGEMENT INVESTING		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
FRANCIS MONESTERE

Mailing Address 3854 BEVERLY RIDGE DRIVE

City SHERMAN OAKS State CA Zip Code 91423

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

Name of Employer LEGALZOOM.COM Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MERRITT PAULSON

Mailing Address 1844 SW MORRISON

City PORTLAND State OR Zip Code 97205

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

Name of Employer SELF-EMPLOYED Occupation SPORTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.4712

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
JASON PERILLO

Mailing Address 454 CORAM AVENUE

City SHELTON State CT Zip Code 06484

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

Name of Employer PLUMB STRATEGIES Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.4714

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 26 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
PG GENATT GROUP LLC

Mailing Address 3333 NEW HYDE PARK ROAD

City State Zip Code
NEW HYDE PARK NY 11042

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.4557

Amount of Each Receipt this Period
10000.00

PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTIONS;
EXCESS REFUNDED 12/29/2015

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

Mailing Address 3333 NEW HYDE PARK ROAD

City State Zip Code
NEW HYDE PARK NY 11042

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

Name of Employer Occupation
PG GENATT GROUP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.4557.0

Amount of Each Receipt this Period
5400.00

PERMISSIBLE FUNDS: PG GENATT GROUP;
REDESIGNATED
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PETER GENATT

Mailing Address 3333 NEW HYDE PARK ROAD

City State Zip Code
NEW HYDE PARK NY 11042

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

Name of Employer Occupation
PG GENATT GROUP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.4557.1

Amount of Each Receipt this Period
-2700.00

REDESIGNATED
[MEMO ITEM]

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

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

10000.00

**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 27 OF 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
PETER GENATT

Mailing Address 3333 NEW HYDE PARK ROAD

City State Zip Code
NEW HYDE PARK NY 11042

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

Name of Employer PG GENATT GROUP Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4557.2

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BOBBY PIROZZI

Mailing Address 23233 VIA STEL

City State Zip Code
BOCA RATON FL 33433

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

Name of Employer FLAKOWITZ OF BOYNTON Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2015

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DARREN PIROZZI

Mailing Address 413 ENCLAVE CIRCLE #306

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer RIZIO AND NELSON Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4737

Amount of Each Receipt this Period
2700.00

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 28 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

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

Mailing Address **9825 EQUUS CIRCLE**

City **BOYNTON BEACH** State **FL** Zip Code **33472**

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

Name of Employer **FLAKOWITZ** Occupation **RESTAURANT OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
YVETTE POMERANTZ

Mailing Address **1040 PARK AVE
APT 11F**

City **NEW YORK** State **NY** Zip Code **10028**

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

Name of Employer **SELF-EMPLOYED** Occupation **COMMUNICATIONS START-UP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period
1000.00

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

Mailing Address **233 DERBY AVE #609**

City **DERBY** State **CT** Zip Code **06418**

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

Name of Employer **FRONTIER COMMUNICATIONS** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2015

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

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

Mailing Address 414 EDGEWOOD RD

City State Zip Code
SAN MATEO CA 94402

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

Name of Employer Occupation
HUDDLE CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 19 2015

Transaction ID : SA11AI.4593

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
SHIYA RIBOWSKY

Mailing Address 15 GREENHILL LANE

City State Zip Code
HUNTINGTON NY 11743

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

Name of Employer Occupation
SELF-EMPLOYED MEDICAL FIELD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 23 2015

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
JENNIFER ROFE

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.4732

Amount of Each Receipt this Period
 3750.00
 SEE REDESIGNATION

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
JENNIFER ROFE

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4733

Amount of Each Receipt this Period
-1050.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4734

Amount of Each Receipt this Period
1050.00

REDESIGNATED

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JENNIFER ROFE

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4738

Amount of Each Receipt this Period
850.00

REATTRIBUTED

[MEMO ITEM]

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

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

0.00

**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 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
JENNIFER ROFE

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4739

Amount of Each Receipt this Period
-850.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4740

Amount of Each Receipt this Period
850.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
SEAMAX AMERICA, LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period
3750.00

SEE REATTRIBUTION & REDESIGNATION

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

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

3750.00

**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 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
RICHARD ROFE

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
SEAMAX AMERICA, LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period
-850.00

REATTRIBUTED

[MEMO ITEM]

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

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
SEAMAX AMERICA, LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
-2700.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 54 MEADOW WOODS RD

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
SEAMAX AMERICA, LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.4730

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 33 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
DANIEL ROSENTHAL

Mailing Address 275 CENTRAL PARK WEST, APT 15A

City State Zip Code
NEW YORK NY 10024

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

Name of Employer Occupation
VALINOR MANAGEMENT INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2015

Transaction ID : SA11AI.4551

Amount of Each Receipt this Period
 5400.00
 SEE REDESIGNATION

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

Mailing Address 275 CENTRAL PARK WEST, APT 15A

City State Zip Code
NEW YORK NY 10024

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

Name of Employer Occupation
VALINOR MANAGEMENT INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2015

Transaction ID : SA11AI.4552

Amount of Each Receipt this Period
 -2700.00
 REDESIGNATED
[MEMO ITEM]

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

Mailing Address 275 CENTRAL PARK WEST, APT 15A

City State Zip Code
NEW YORK NY 10024

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

Name of Employer Occupation
VALINOR MANAGEMENT INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2015

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period
 2700.00
 REDESIGNATED
[MEMO ITEM]

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

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

5400.00

**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 55
	<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)
GURFEIN FOR AMERICA

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

Mailing Address 222 WEST MERCHANDISE MART PLAZA
SUITE 1212

City State Zip Code
CHICAGO IL 60654

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

Name of Employer Occupation
TALLY CAPITAL VENTURE CAPITAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 11 / 2015

Transaction ID : SA11AI.4584

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JASON ROTTENBERG

Mailing Address 2601 ROSE ISLE CIRCLE

City State Zip Code
ORLANDO FL 32803

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

Name of Employer Occupation
AVP INVESTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.4682

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
STEPHANIE ROTTENBERG

Mailing Address 2601 ROSE ISLE CIRCLE

City State Zip Code
ORLANDO FL 32803

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.4684

Amount of Each Receipt this Period
2700.00

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 55
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) IRA SHAPIRO		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2015	
Mailing Address 4932 E VILLA RITA DRIVE		Transaction ID : SA11AI.4666	
City State Zip Code SCOTTSDALE AZ 85254	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation SELF-EMPLOYED FINANCIAL ADVISOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) MICHAEL SILVER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2015	
Mailing Address 1240 PARK AVENUE APARTMENT 2F		Transaction ID : SA11AI.4574	
City State Zip Code NEW YORK NY 10128	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation EDGE WEALTH MANAGEMENT FINANCIAL ADVISOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) DEBORAH SLADE		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2015	
Mailing Address 30 WEST 63RD STREET APT 28D		Transaction ID : SA11AI.4658	
City State Zip Code NYC NY 10023	Amount of Each Receipt this Period _____ 1500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation HOMEMAKER HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 2750.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 36 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
GADI SLADE

Mailing Address 30 WEST 63RD STREET
APT 28D

City NEW YORK State NY Zip Code 10023

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

Name of Employer CAPITAL GROUP Occupation ANALYST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
FREDRIK STANTON

Mailing Address 205 EAST 77TH STREET

City NEW YORK State NY Zip Code 10075

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

Name of Employer SKEENA RESOURCES Occupation VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2015

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
FREDRIK STANTON

Mailing Address 205 EAST 77TH STREET

City NEW YORK State NY Zip Code 10075

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

Name of Employer SKEENA RESOURCES Occupation VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.4641

Amount of Each Receipt this Period
2700.00

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

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

6900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 55
	<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)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
DAN STREETMAN

Mailing Address 3086 PESCARA PLACE

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
BMC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ALLISON THACKER

Mailing Address 6 LONGFELLOW LANE

City State Zip Code
HOUSTON TX 77005

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

Name of Employer Occupation
RICE UNIVERSITY FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period
1350.00

C. Full Name (Last, First, Middle Initial)
TROY THACKER

Mailing Address 6 LONGFELLOW LANE

City State Zip Code
HOUSTON TX 77005

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

Name of Employer Occupation
TOTAL SAFETY CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11AI.4670

Amount of Each Receipt this Period
1350.00

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 38 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial)
NICHOLAS TOUMBKIS

Mailing Address 5 TERRACE DRIVE

City State Zip Code
GREAT NECK NY 11021

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

Name of Employer Occupation
PG GENATT GROUP GENERAL COUNSEL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
NICHOLAS TOUMBKIS

Mailing Address 5 TERRACE DRIVE

City State Zip Code
GREAT NECK NY 11021

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

Name of Employer Occupation
PG GENATT GROUP GENERAL COUNSEL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
RANDY WOOTTON

Mailing Address 6189 CONTRA COSTA RD

City State Zip Code
OAKLAND CA 94618

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

Name of Employer Occupation
ROCKET FUEL CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
500.00

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 39 OF 55
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

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

Mailing Address 1107 KEY PLAXA
#447

City State Zip Code
KEY WEST FL 33040

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

Name of Employer Occupation
SELF-EMPLOYED DIRECTOR, CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.4543

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JORDAN WRUBLE

Mailing Address 23 W 73RD ST APT 407

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
BROWN ADVISORY INVESTMENT MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : SA11AI.4541

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NEAL ZUCKERMAN

Mailing Address 663 OLD ALBANY POST ROAD

City State Zip Code
GARRISON NY 10524

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

Name of Employer Occupation
BCG PARTNER AND MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period
500.00

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

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

1500.00

120450.00

**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 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 690.80
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.4495
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 1067.00
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.4496
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 213.64
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.4497
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1971.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 216.00 Transaction ID : SB17.4498
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4499
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 24.00 Transaction ID : SB17.4500
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	260.00
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 42 OF 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4501
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4502
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 216.00 Transaction ID : SB17.4503
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	236.00
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 43 OF 55	
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4504
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4505
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4506
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
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 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 82.40
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.4507
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. APEX			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 62.00
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.4508
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. APEX			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 0.40
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.4509
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	82.40
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 45 OF 55
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.4510
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4511
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.4512
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	48.00
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 46 OF 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 71.00 Transaction ID : SB17.4513
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4514
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.4515
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	71.00
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 47 OF 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 216.00 Transaction ID : SB17.4516
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4517
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 22.00 Transaction ID : SB17.4518
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	248.00
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 48 OF 55
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.4519
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 216.00 Transaction ID : SB17.4520
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 112.00 Transaction ID : SB17.4521
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	588.00
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 49 OF 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 26.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES Category/Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Transaction ID : SB17.4522

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 14.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES Category/Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Transaction ID : SB17.4523

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 160.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES Category/Type	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Transaction ID : SB17.4524

SUBTOTAL of Disbursements This Page (optional).....	200.00
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 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 30.00
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.4525	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 10.00
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.4526	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 327.00
City BEVERLY State MA Zip Code 01915	Transaction ID : SB17.4527	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	367.00
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 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. PLUMB STRATEGIES, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015		
Mailing Address 454 CORAM AVENUE			Amount of Each Disbursement this Period 3511.71		
City SHELTON	State CT	Zip Code 06484	Transaction ID : SB17.4529		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. PLUMB STRATEGIES, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015		
Mailing Address 454 CORAM AVENUE			Amount of Each Disbursement this Period 3504.80		
City SHELTON	State CT	Zip Code 06484	Transaction ID : SB17.4530		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. PLUMB STRATEGIES, LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015		
Mailing Address 454 CORAM AVENUE			Amount of Each Disbursement this Period 3029.00		
City SHELTON	State CT	Zip Code 06484	Transaction ID : SB17.4531		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	10045.51
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 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4532
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 2619.06 Transaction ID : SB17.4533
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4534
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7819.06
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 53 OF 55			
	<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)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial) A. UNIVERSAL PRINTING			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015		
Mailing Address 90 TUNXIS HILL ROAD			Amount of Each Disbursement this Period 358.00		
City FAIRFIELD	State CT	Zip Code 06825	Transaction ID : SB17.4535		
Purpose of Disbursement PRINTING AND DESIGN SERVICES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	358.00
TOTAL This Period (last page this line number only).....	22544.41

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA

Full Name (Last, First, Middle Initial)
A. PG GENATT GROUP LLC

Mailing Address 3333 NEW HYDE PARK ROAD

City NEW HYDE PARK State NY Zip Code 11042

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 29 / 2015

Amount of Each Disbursement this Period
4600.00

Transaction ID : SB20A.4767

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

4600.00

4600.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

GURFEIN FOR AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. DAVID GURFEIN		Nature of Debt (Purpose): REIMBURSEMENTS
Mailing Address PO BOX 42		
City MANHASSET	State NY Zip Code 11030	

Outstanding Balance Beginning This Period <input type="text" value="10930.87"/>	Transaction ID : SD10.4414	
Amount Incurred This Period <input type="text" value="7256.57"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18187.44"/>

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="18187.44"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="18187.44"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="18187.44"/>