

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of George Demos

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)).... | 35245.00 | 236755.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 35245.00 | 236755.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 815686.22 | 964808.02 |
| (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))..... | 815686.22 | 964808.02 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1271946.98 | |
| 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)..... | 2000000.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of George Demos

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)..... | 30700.00 | 231925.00 |
| (ii) Unitemized..... | 4545.00 | 4830.00 |
| (iii) TOTAL of contributions from individuals ▶ | 35245.00 | 236755.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 35245.00 | 236755.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 200000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 200000.00 |
| 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)..... ▶ | 35245.00 | 2236755.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 815686.22 | 964808.02 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 815686.22 | 964808.02 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 2052388.20 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 35245.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 2087633.20 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 815686.22 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1271946.98 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 58 |
| | <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)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
Arthur Anton

Mailing Address 32 Samuel Way

City North Andover State MA Zip Code 01845

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4574

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2119 Post Road

City North Brook State IL Zip Code 60062

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

Name of Employer Cermak Produce Inc Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.4532

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 315 East 56th Street

City New York State NY Zip Code 10022

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

Name of Employer Cantor Fitzgerald Occupation Capital Markets

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
 500.00

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

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

1750.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 58 |
| | <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)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
Craig Carpenito

Mailing Address 16 Forest Lane

City Monroe Township State NJ Zip Code 08831

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

Name of Employer Alston & Bird, LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period
 500.00

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

Mailing Address 7320 Shelborne Dr.

City Granite Bay State CA Zip Code 95746

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

Name of Employer Emergency Neurosurgery Services, Inc Occupation Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 20 / 2014

Transaction ID : SA11AI.4533

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 151-21 23 Avenue

City Whitestone State NY Zip Code 11357

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

Name of Employer Baker Hostetler Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 58 |
| | <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)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
Van Hipp, Jr.

Mailing Address 809 N. Quaker Ln.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Alexandria | VA | 22302 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| American Defense International | Chairman |

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 24 | | 2014 |

Transaction ID : SA11AI.4535

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

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

Mailing Address PO BOX 1629

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Titusville | FL | 32781 |

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

| | |
|------------------|--------------------|
| Name of Employer | Occupation |
| Trident Group | Director of MAROPS |

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 24 | | 2014 |

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

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

Mailing Address PO BOX 1629

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Titusville | FL | 32781 |

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

| | |
|------------------|--------------------|
| Name of Employer | Occupation |
| Trident Group | Director of MAROPS |

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 26 | | 2014 |

Transaction ID : SA11AI.4538

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 8 OF 58 |
| | <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)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
peter kakoyiannis

Mailing Address 1413 silo road

City yardley State PA Zip Code 19067

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

Name of Employer ELLK Occupation attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11AI.4577

Amount of Each Receipt this Period
250.00

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

Mailing Address 1420 Spring Hill Road, Suite 600

City Mclean State VA Zip Code 22102

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

Name of Employer Kalis Development Corporation Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period
250.00

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

Mailing Address One South Limestone Street Suite 1

City Springfield State OH Zip Code 45502

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

Name of Employer James Lagos, ESQ. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.4531

Amount of Each Receipt this Period
2500.00

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 9 OF 58 |
| | <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)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
Nicholas Larigakis

Mailing Address 6554 Greyledge Court

City Alexandria State VA Zip Code 22310

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

Name of Employer American Hellenic Institute Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dana Lee Tavlardes

Mailing Address 727 Sapphire St Apt 207

City San Diego State CA Zip Code 92107

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

Name of Employer Willis Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4540

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 7 Rosemont Ct

City N Bethesda State MD Zip Code 20852

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

Name of Employer Deoudes - Magafan Realty, Inc. Occupation Commercial Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period
 500.00

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

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

1750.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 58 |
| | <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)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
Mike Manatos

Mailing Address 8532 W Howell Road

City: Bethesda State: MD Zip Code: 20817

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

Name of Employer: Manatos and Manatos Occupation: Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11AI.4583

Amount of Each Receipt this Period: 250.00

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

Mailing Address 8532 W Howell Road

City: Bethesda State: MD Zip Code: 20817

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

Name of Employer: Manatos and Manatos Occupation: Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11AI.4584

Amount of Each Receipt this Period: 250.00

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

Mailing Address 11371 Iager BLVD Unite 2

City: Fulton State: MD Zip Code: 20759

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

Name of Employer: Lockheed Martin Occupation: Process Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11AI.4586

Amount of Each Receipt this Period: 250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 11 OF 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
SPIROS MILONAS

Mailing Address **171 WEST 57TH STREET, APT. 11C**

City **NEW YORK** State **NY** Zip Code **10019**

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

Name of Employer **IONIAN MANAGEMENT INC.** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period
500.00

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

Mailing Address **120 Spoonbill Rd.**

City **Manalapan** State **FL** Zip Code **33462**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period
250.00

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

Mailing Address **5402 Parkview Drive**

City **Haverford** State **PA** Zip Code **19041**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.4527

Amount of Each Receipt this Period
2600.00

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

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

3350.00

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

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

FOR LINE NUMBER: PAGE 12 OF 58
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
Gregory Papadeas

Mailing Address 6921 E. Powers Ave.

City State Zip Code
Grenwood Village CO 80111

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

Name of Employer Occupation
Physician Advanced Dermatology

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period
250.00

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

Mailing Address 1401 Okie Street NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Pappas and Sons Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4592

Amount of Each Receipt this Period
250.00

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

Mailing Address 700 Fairway Dr. N.E.

City State Zip Code
Warren OH 44483

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

Name of Employer Occupation
Chairman of the Board AVI Food Systems, Inc.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period
1000.00

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 13 OF 58
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
James Pedas

Mailing Address 4018 Brandywine Street NW

City Washington State DC Zip Code 20016

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

Name of Employer Circle Companies Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4018 Brandywine Street NW

City Washington State DC Zip Code 20016

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

Name of Employer Circle Companies Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4564

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1336 Kirby Road

City Mclean State VA Zip Code 22101

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

Name of Employer Circle Companies Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4544

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

**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 58 |
| | <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)
Friends of George Demos

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Gus Perdikakis | | Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014 |
| Mailing Address 8306 Sunfish Lane | | Transaction ID : SA11AI.4594 |
| City Maineville | State OH | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Gus Perdikakis Associates Inc. | Occupation President | |
| Receipt For: 2014 <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) B. Michael Plakogiannis | | Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014 |
| Mailing Address 415 E 37th Street Apt 11E | | Transaction ID : SA11AI.4529 |
| City New York | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 |
| Name of Employer ACP | Occupation Physician | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Rodoula Plakogiannis | | Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2014 |
| Mailing Address 404 East 79th St. | | Transaction ID : SA11AI.4546 |
| City New York | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer LIU | Occupation Physician/Professor | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3850.00 |
| 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 15 OF 58 |
| | <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)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
John Polis

Mailing Address 3286 M ST NW #300

City Washington State DC Zip Code 20007

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3286 M ST NW #300

City Washington State DC Zip Code 20007

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.4549

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3666 Upton Street

City Washington State DC Zip Code 20008

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4567

Amount of Each Receipt this Period
 500.00

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 16 OF 58 |
| | <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)
Friends of George Demos

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Christopher Tavlarides | | Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2014 |
| Mailing Address 2912 Olive St | | Transaction ID : SA11AI.4550 |
| City Washington | State DC | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Capitol Outdoor | Occupation media | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Christopher Tavlarides | | Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014 |
| Mailing Address 2912 Olive St | | Transaction ID : SA11AI.4551 |
| City Washington | State DC | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Capitol Outdoor | Occupation media | |
| Receipt For: 2014 <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) C. Christopher Tavlarides | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 2912 Olive St | | Transaction ID : SA11AI.4554 |
| City Washington | State DC | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer Capitol Outdoor | Occupation media | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3600.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2600.00 |
| 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 17 OF 58 |
| | <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)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
Christopher Tavlarides

Mailing Address 2912 Olive St

City Washington State DC Zip Code 20007

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

Name of Employer Capitol Outdoor Occupation media

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period
400.00

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

Mailing Address 2722 Coleman Way

City Sacramento State CA Zip Code 95818

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

Name of Employer Attorney Occupation Thomas Law Group

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4569

Amount of Each Receipt this Period
500.00

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

Mailing Address 5497 Clonmel Ct

City Alexandria State VA Zip Code 22315

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

Name of Employer Arent Fox LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period
250.00

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

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

1150.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 58 |
| | <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)
Friends of George Demos

A. Full Name (Last, First, Middle Initial)
George Tsetekos

Mailing Address 520 Sugartown Road

City State Zip Code
Devon PA 19333

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

Name of Employer Occupation
Drexel University Dean Emeritus

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period
250.00

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

Mailing Address 2021 Oyster Harbors

City State Zip Code
Osterville MA 02655

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

Name of Employer Occupation
JPA Management LLC Real Estate Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.4571

Amount of Each Receipt this Period
500.00

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

Mailing Address 7450 Old Maple Square

City State Zip Code
Mclean VA 22102

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

Name of Employer Occupation
Stephen Yeonas Co Chairman of the Board

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period
1000.00

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

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

1750.00

30700.00

**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 19 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

Full Name (Last, First, Middle Initial)
A. 74 State Hotel

Mailing Address 74 State Street

City Albany State NY Zip Code 12207

Purpose of Disbursement
Hotel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 26 / 2014

Amount of Each Disbursement this Period
122.30

Transaction ID : SB17.4762

Category/Type

Full Name (Last, First, Middle Initial)
B. AJF and Associates

Mailing Address 16 N Astor Street

City Irvington State NY Zip Code 10533

Purpose of Disbursement
Polling

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 16 / 2014

Amount of Each Disbursement this Period
8841.77

Transaction ID : SB17.4764

Category/Type

Full Name (Last, First, Middle Initial)
C. AJF and Associates

Mailing Address 16 N Astor Street

City Irvington State NY Zip Code 10533

Purpose of Disbursement
Polling

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 03 / 2014

Amount of Each Disbursement this Period
14254.77

Transaction ID : SB17.4765

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 23218.84

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 20 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Amtrak | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014 |
| Mailing Address 60 Massachusetts Avenue NE | | Amount of Each Disbursement this Period 42.00 |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Train tickets | |
| Candidate Name | Category/Type | Transaction ID : SB17.4767 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Backman Consulting | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014 |
| Mailing Address 522 lefferts avenue brooklyn | | Amount of Each Disbursement this Period 12000.00 |
| City Brooklyn State NY Zip Code 11225 | Purpose of Disbursement Research Consulting | |
| Candidate Name | Category/Type | Transaction ID : SB17.4769 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Bay Harbour Insurance Agency, Inc | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014 |
| Mailing Address 88 Waverly Ave | | Amount of Each Disbursement this Period 978.50 |
| City Patchogue State NY Zip Code 11772 | Purpose of Disbursement Office Insurance | |
| Candidate Name | Category/Type | Transaction ID : SB17.4771 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 13020.50 |
| 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 21 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | | | | | | | | | | | |
|---|--|--|-------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | |
| A. Cablevision | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 03 | | 05 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 03 | | 05 | | 2014 | | | | | | | | |
| Mailing Address P.O. Box 371378 | | Amount of Each Disbursement this Period | | | | | | | | | | |
| City | State | | | | | | | | | | | |
| Pittsburgh | PA | 15250 | | | | | | | | | | |
| Purpose of Disbursement | Category/Type | <table border="1"> <tr> <td>25.00</td> </tr> </table> | 25.00 | | | | | | | | | |
| 25.00 | | | | | | | | | | | | |
| TV Phone and Internet | | Transaction ID : SB17.4773 | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | |
| Office Sought: | Disbursement For: 2014 | | | | | | | | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|--|--|-------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | |
| B. Chase | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 01 | | 09 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 01 | | 09 | | 2014 | | | | | | | | |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period | | | | | | | | | | |
| City | State | | | | | | | | | | | |
| Lake Grove | NY | 11755 | | | | | | | | | | |
| Purpose of Disbursement | Category/Type | <table border="1"> <tr> <td>25.00</td> </tr> </table> | 25.00 | | | | | | | | | |
| 25.00 | | | | | | | | | | | | |
| Wire Fee | | Transaction ID : SB17.4775 | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | |
| Office Sought: | Disbursement For: 2014 | | | | | | | | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|--|--|-------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | |
| c. Chase | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 01 | | 23 | | 2014 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 01 | | 23 | | 2014 | | | | | | | | |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period | | | | | | | | | | |
| City | State | | | | | | | | | | | |
| Lake Grove | NY | 11755 | | | | | | | | | | |
| Purpose of Disbursement | Category/Type | <table border="1"> <tr> <td>25.00</td> </tr> </table> | 25.00 | | | | | | | | | |
| 25.00 | | | | | | | | | | | | |
| Wire Fee | | Transaction ID : SB17.4776 | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | |
| Office Sought: | Disbursement For: 2014 | | | | | | | | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | |

| | | |
|---|--|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | <table border="1"> <tr> <td>244.12</td> </tr> </table> | 244.12 |
| 244.12 | | |
| TOTAL This Period (last page this line number only)..... | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

**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 22 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Chase | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4777 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Chase | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4778 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Chase | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4779 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 75.00 |
| 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 23 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Chase | | Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4780 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Chase | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4781 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Chase | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 2008 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4783 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 75.00 |
| 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 24 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Chase | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4784 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Chase | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4785 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Chase | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4786 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 75.00 |
| 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 25 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Chase | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4787 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Chase | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4788 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Chase | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4789 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 26 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Chase | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4790 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Chase | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014 |
| Mailing Address 2001 Nesconset Hwy | | Amount of Each Disbursement this Period 25.00 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Wire Fee | Transaction ID : SB17.4791 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Committee to Elect a Republican Majority | | Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014 |
| Mailing Address PO BOX 7 | | Amount of Each Disbursement this Period 225.00 |
| City Brookhaven | State NY | |
| Zip Code 11719 | Purpose of Disbursement Non Federal contribution | Transaction ID : SB17.4795 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 275.00 |
| 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 27 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FedEx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014 |
| Mailing Address 140 Comac Street | | Amount of Each Disbursement this Period 919.25 |
| City Ronkonkoma | State NY Zip Code 11779 | |
| Purpose of Disbursement Postage | Category/Type | Transaction ID : SB17.4797 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Friends of Kevin LaValle | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014 |
| Mailing Address PO BOX 56 | | Amount of Each Disbursement this Period 300.00 |
| City Centereach | State NY Zip Code 11720 | |
| Purpose of Disbursement Non Federal contribution | Category/Type | Transaction ID : SB17.4799 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF ROB ASTORINO | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014 |
| Mailing Address PO BOX 100 | | Amount of Each Disbursement this Period 500.00 |
| City South Salem | State NY Zip Code 10590 | |
| Purpose of Disbursement Non Federal contribution | Category/Type | Transaction ID : SB17.4801 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 919.25 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 28 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Fusion Management System | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014 |
| Mailing Address 95 Route 17 South | | Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4803 |
| City Paramus State NJ Zip Code 06752 | Purpose of Disbursement Internet Advertising | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Hess | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address 2825 Middle Country Rd | | Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4805 |
| City Lake Grove State NY Zip Code 11755 | Purpose of Disbursement Gas | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. In The Field Consulting | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 1520 Myron Street | | Amount of Each Disbursement this Period 40000.00 Transaction ID : SB17.4806 |
| City Niskayuna State NY Zip Code 12309 | Purpose of Disbursement Political Management Consulting Fee | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 43020.00 |
| 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 29 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

A. In The Field Consulting

Full Name (Last, First, Middle Initial)
Mailing Address 1520 Myron Street

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement Media Buy

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2014

Amount of Each Disbursement this Period: 40396.00

Transaction ID : SB17.4812

B. In The Field Consulting

Full Name (Last, First, Middle Initial)
Mailing Address 1520 Myron Street

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement Media Buy

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 17 / 2014

Amount of Each Disbursement this Period: 55801.20

Transaction ID : SB17.4813

c. In The Field Consulting

Full Name (Last, First, Middle Initial)
Mailing Address 1520 Myron Street

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement Media Buy

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 28 / 2014

Amount of Each Disbursement this Period: 23101.05

Transaction ID : SB17.4814

SUBTOTAL of Disbursements This Page (optional) 119298.25

TOTAL This Period (last page this line number only)

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. In The Field Consulting | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014 |
| Mailing Address 1520 Myron Street | | Amount of Each Disbursement this Period 24097.50 |
| City Niskayuna | State NY Zip Code 12309 | |
| Purpose of Disbursement Media Buy | Candidate Name | Transaction ID : SB17.4807 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. In The Field Consulting | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014 |
| Mailing Address 1520 Myron Street | | Amount of Each Disbursement this Period 24501.05 |
| City Niskayuna | State NY Zip Code 12309 | |
| Purpose of Disbursement Media Buy | Candidate Name | Transaction ID : SB17.4808 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. In The Field Consulting | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014 |
| Mailing Address 1520 Myron Street | | Amount of Each Disbursement this Period 52625.00 |
| City Niskayuna | State NY Zip Code 12309 | |
| Purpose of Disbursement Media Buy | Candidate Name | Transaction ID : SB17.4809 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 101223.55 |
| 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 31 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. In The Field Consulting | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 1520 Myron Street | | Amount of Each Disbursement this Period 135850.00 Transaction ID : SB17.4810 |
| City Niskayuna State NY Zip Code 12309 | Purpose of Disbursement Media Buy | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. In The Field Consulting | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address 1520 Myron Street | | Amount of Each Disbursement this Period 47603.00 Transaction ID : SB17.4811 |
| City Niskayuna State NY Zip Code 12309 | Purpose of Disbursement Media Buy | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. In The Field Consulting | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014 |
| Mailing Address 1520 Myron Street | | Amount of Each Disbursement this Period 20858.00 Transaction ID : SB17.4815 |
| City Niskayuna State NY Zip Code 12309 | Purpose of Disbursement Media Buy | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 204311.00 |
| 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 32 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

A. In The Field Consulting

Full Name (Last, First, Middle Initial)
Mailing Address 1520 Myron Street

City Niskayuna State NY Zip Code 12309

Purpose of Disbursement Media Buy

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 19 / 2014

Amount of Each Disbursement this Period: 131650.00

Transaction ID : SB17.4816

B. Islip Town Conservative Executive Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 257

City Islip Terrace State NY Zip Code 11752

Purpose of Disbursement Non Federal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.4818

c. Labels and Lists

Full Name (Last, First, Middle Initial)
Mailing Address 2500 116th Avenue NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement Voter Lists

Candidate Name Friends of George Demos

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NY District: 01

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 1643.48

Transaction ID : SB17.4917

SUBTOTAL of Disbursements This Page (optional) 133543.48

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 33 OF 58 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Lake Grove Plaza, LLC | | Date of Disbursement MM / DD / YYYY 02 / 07 / 2014 |
| Mailing Address PO Box 372 | | Amount of Each Disbursement this Period 12052.00 Transaction ID : SB17.4825 |
| City Saint James | State NY | |
| Zip Code 11780 | Purpose of Disbursement Office Rent | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Lake Grove Plaza, LLC | | Date of Disbursement MM / DD / YYYY 02 / 07 / 2014 |
| Mailing Address PO Box 372 | | Amount of Each Disbursement this Period 2066.00 Transaction ID : SB17.4826 |
| City Saint James | State NY | |
| Zip Code 11780 | Purpose of Disbursement Office Security Deposit | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Lowe's | | Date of Disbursement MM / DD / YYYY 02 / 26 / 2014 |
| Mailing Address 2150 Nesconset Highway | | Amount of Each Disbursement this Period 112.37 Transaction ID : SB17.4833 |
| City Stony Brook | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 14230.37 |
| 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 34 OF 58 | |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Tania Marnier | | Date of Disbursement MM / DD / YYYY 02 / 24 / 2014 |
| Mailing Address 303 East 83rd Street | | Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4890 |
| City New York | State NY | |
| Zip Code 10028 | Purpose of Disbursement Photography | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. National Herald | | Date of Disbursement MM / DD / YYYY 01 / 17 / 2014 |
| Mailing Address 37-10 30th Street | | Amount of Each Disbursement this Period 1107.00 Transaction ID : SB17.4838 |
| City Long Island City | State NY | |
| Zip Code 11101 | Purpose of Disbursement Advertising | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. P.C. Richard and Son | | Date of Disbursement MM / DD / YYYY 02 / 23 / 2014 |
| Mailing Address 2229 Route 347 | | Amount of Each Disbursement this Period 460.48 Transaction ID : SB17.4840 |
| City Stony Brook | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1917.48 |
| 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 35 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 2.25 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4842 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 45.00 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4843 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---|--|
| Full Name (Last, First, Middle Initial) c. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 117.00 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4844 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 164.25 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 11.25 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4845 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---|--|
| Full Name (Last, First, Middle Initial) B. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 45.00 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4846 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 2.25 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4847 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 58.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 22.50 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4848 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 2.25 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4849 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 117.00 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4850 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 141.75 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.4851 |
| City San Francisco State CA Zip Code 94105 | Purpose of Disbursement Merchant Fee | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.4852 |
| City San Francisco State CA Zip Code 94105 | Purpose of Disbursement Merchant Fee | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4853 |
| City San Francisco State CA Zip Code 94105 | Purpose of Disbursement Merchant Fee | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 49.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 11.25 Transaction ID : SB17.4854 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.4861 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 11.25 Transaction ID : SB17.4855 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 51.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4856 |
| City San Francisco State CA Zip Code 94105 | Purpose of Disbursement Merchant Fee | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4857 |
| City San Francisco State CA Zip Code 94105 | Purpose of Disbursement Merchant Fee | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 22.50 Transaction ID : SB17.4858 |
| City San Francisco State CA Zip Code 94105 | Purpose of Disbursement Merchant Fee | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 112.50 |
| 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 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 8.55 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4859 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 144 2nd St. 1st Floor | | Amount of Each Disbursement this Period 22.50 |
| City San Francisco | State CA | |
| Zip Code 94105 | Purpose of Disbursement Merchant Fee | Transaction ID : SB17.4860 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. PSEG | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address 460 E. Main Street | | Amount of Each Disbursement this Period 490.00 |
| City Patchogue | State NY | |
| Zip Code 11772 | Purpose of Disbursement Electric Payment | Transaction ID : SB17.4863 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 521.05 |
| 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 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Public Service Electric and Gas Company | | Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address 250 Willis Avenue | | Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.4865 |
| City Roslyn Heights | State NY | |
| Zip Code 11577 | Purpose of Disbursement Electricity | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. SCM Associates | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 1283 Main Street | | Amount of Each Disbursement this Period 7654.84 Transaction ID : SB17.4867 |
| City Dublin | State NH | |
| Zip Code 03444 | Purpose of Disbursement Direct Mail | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Chris Shannon | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address 1 Naro Lane | | Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4793 |
| City Northport | State NY | |
| Zip Code 11768 | Purpose of Disbursement Petition Assistant | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 11144.84 |
| 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 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Southwest Airlines | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014 |
| Mailing Address 2702 Love Field Drive | | Amount of Each Disbursement this Period 418.00 |
| City Dallas | State TX | |
| Zip Code 75235 | Purpose of Disbursement Plane tickets | Transaction ID : SB17.4869 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014 |
| Mailing Address 2100 Nesconset Highway | | Amount of Each Disbursement this Period 613.30 |
| City Lake Grove | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies | Transaction ID : SB17.4871 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014 |
| Mailing Address 2100 Nesconset Highway | | Amount of Each Disbursement this Period 38.98 |
| City Lake Grove | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies | Transaction ID : SB17.4872 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1070.28 |
| 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 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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

NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Staples | | Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014 |
| Mailing Address 2100 Nesconset Highway | | Amount of Each Disbursement this Period 29.29 |
| City Lake Grove | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies | Transaction ID : SB17.4873 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014 |
| Mailing Address 2100 Nesconset Highway | | Amount of Each Disbursement this Period 13.52 |
| City Lake Grove | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies | Transaction ID : SB17.4874 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014 |
| Mailing Address 2100 Nesconset Highway | | Amount of Each Disbursement this Period 20.04 |
| City Lake Grove | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies | Transaction ID : SB17.4875 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 62.85 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Staples | | Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 |
| Mailing Address 2100 Nesconset Highway | | Amount of Each Disbursement this Period 644.31 Transaction ID : SB17.4876 |
| City Lake Grove | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014 |
| Mailing Address 2100 Nesconset Highway | | Amount of Each Disbursement this Period 120.04 Transaction ID : SB17.4877 |
| City Lake Grove | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014 |
| Mailing Address 2100 Nesconset Highway | | Amount of Each Disbursement this Period 510.18 Transaction ID : SB17.4878 |
| City Lake Grove | State NY | |
| Zip Code 11790 | Purpose of Disbursement Office supplies/stamps | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 644.31 |
| 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 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

Full Name (Last, First, Middle Initial)
A. Staples

Mailing Address 1901 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 23 / 2014

Amount of Each Disbursement this Period: 12.74

Transaction ID : SB17.4880

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

Mailing Address 2100 Nesconset Highway

City Lake Grove State NY Zip Code 11790

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 24 / 2014

Amount of Each Disbursement this Period: 61.22

Transaction ID : SB17.4881

Full Name (Last, First, Middle Initial)
c. Staples

Mailing Address 2100 Nesconset Highway

City Lake Grove State NY Zip Code 11790

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2014

Amount of Each Disbursement this Period: 13.35

Transaction ID : SB17.4882

SUBTOTAL of Disbursements This Page (optional) 87.31

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 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

Full Name (Last, First, Middle Initial)
A. Staples

Mailing Address 2100 Nesconset Highway

City Lake Grove State NY Zip Code 11790

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2014

Amount of Each Disbursement this Period: 41.27

Transaction ID : SB17.4883

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

Mailing Address 2100 Nesconset Highway

City Lake Grove State NY Zip Code 11790

Purpose of Disbursement Office supplies/stamps

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 499.12

Transaction ID : SB17.4884

Full Name (Last, First, Middle Initial)
c. Sticky IT

Mailing Address 3600 South College Road

City Wilmington State NC Zip Code 28412

Purpose of Disbursement Website Maintainence

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 240.00

Transaction ID : SB17.4886

SUBTOTAL of Disbursements This Page (optional) 780.39

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 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Suffolk County Republican Committee | | Date of Disbursement MM / DD / YYYY 02 / 07 / 2014 |
| Mailing Address 1150 Portion Road Suite 2 Holtsvil | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4888 |
| City Holtsville | State NY Zip Code 11742 | |
| Purpose of Disbursement Non Federal Contribution | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Traz Group | | Date of Disbursement MM / DD / YYYY 01 / 23 / 2014 |
| Mailing Address 18 Pendleton Court | | Amount of Each Disbursement this Period 13184.54 Transaction ID : SB17.4892 |
| City Medford | State NJ Zip Code 08055 | |
| Purpose of Disbursement Direct Mail | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Traz Group | | Date of Disbursement MM / DD / YYYY 01 / 30 / 2014 |
| Mailing Address 18 Pendleton Court | | Amount of Each Disbursement this Period 14327.65 Transaction ID : SB17.4893 |
| City Medford | State NJ Zip Code 08055 | |
| Purpose of Disbursement Direct Mail | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 28012.19 |
| 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 58 | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Traz Group | | Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014 |
| Mailing Address 18 Pendleton Court | | Amount of Each Disbursement this Period 11405.26 |
| City Medford | State NJ | |
| Zip Code 08055 | Purpose of Disbursement Direct Mail | Transaction ID : SB17.4894 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Traz Group | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 18 Pendleton Court | | Amount of Each Disbursement this Period 13180.27 |
| City Medford | State NJ | |
| Zip Code 08055 | Purpose of Disbursement Direct Mail | Transaction ID : SB17.4895 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Traz Group | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014 |
| Mailing Address 18 Pendleton Court | | Amount of Each Disbursement this Period 11343.51 |
| City Medford | State NJ | |
| Zip Code 08055 | Purpose of Disbursement Direct Mail | Transaction ID : SB17.4896 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 35929.04 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Traz Group | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014 |
| Mailing Address 18 Pendleton Court | | Amount of Each Disbursement this Period 12119.73 Transaction ID : SB17.4897 |
| City Medford State NJ Zip Code 08055 | Purpose of Disbursement Direct Mail | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Traz Group | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 18 Pendleton Court | | Amount of Each Disbursement this Period 11443.51 Transaction ID : SB17.4898 |
| City Medford State NJ Zip Code 08055 | Purpose of Disbursement Direct Mail | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) c. Traz Group | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014 |
| Mailing Address 18 Pendleton Court | | Amount of Each Disbursement this Period 11443.51 Transaction ID : SB17.4899 |
| City Medford State NJ Zip Code 08055 | Purpose of Disbursement Direct Mail | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 35006.75 |
| 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 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Kevin Tschirhart | | Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014 |
| Mailing Address 3 drake place | | Amount of Each Disbursement this Period 7000.00 |
| City Northport | State NY | |
| Zip Code 11768 | Purpose of Disbursement Campaign Management Consulting | Transaction ID : SB17.4819 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Kevin Tschirhart | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014 |
| Mailing Address 3 drake place | | Amount of Each Disbursement this Period 7000.00 |
| City Northport | State NY | |
| Zip Code 11768 | Purpose of Disbursement Campaign Management Consulting | Transaction ID : SB17.4820 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Kevin Tschirhart | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014 |
| Mailing Address 3 drake place | | Amount of Each Disbursement this Period 232.55 |
| City Northport | State NY | |
| Zip Code 11768 | Purpose of Disbursement Reimbursement - office supplies | Transaction ID : SB17.4821 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 14232.55 |
| 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 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Kevin Tschirhart | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014 |
| Mailing Address 3 drake place | | Amount of Each Disbursement this Period 9345.26 Transaction ID : SB17.4822 |
| City Northport State NY Zip Code 11768 | Purpose of Disbursement Campaign Management Consulting/ reimbursement for office supplies | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Kevin Tschirhart | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014 |
| Mailing Address 3 drake place | | Amount of Each Disbursement this Period 1127.43 Transaction ID : SB17.4823 |
| City Northport State NY Zip Code 11768 | Purpose of Disbursement Reimbursement - office supplies | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. UPS Store | | Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014 |
| Mailing Address 100 Nicolls Road S. | | Amount of Each Disbursement this Period 56.49 Transaction ID : SB17.4901 |
| City Stony Brook State NY Zip Code 11794 | Purpose of Disbursement Office supplies | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10529.18 |
| 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 58 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

A. US Airways

Full Name (Last, First, Middle Initial)
Mailing Address 11 W. Rio Salado Parkway

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement
Plane tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 20 / 2014

Amount of Each Disbursement this Period
402.00

Transaction ID : SB17.4903

B. USPS

Full Name (Last, First, Middle Initial)
Mailing Address 1001 Hawkins Avenue

City State Zip Code
Lake Grove NY 11755

Purpose of Disbursement
Stamps

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 23 / 2014

Amount of Each Disbursement this Period
245.00

Transaction ID : SB17.4828

C. USPS

Full Name (Last, First, Middle Initial)
Mailing Address 1001 Hawkins Avenue

City State Zip Code
Lake Grove NY 11755

Purpose of Disbursement
Stamps

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 24 / 2014

Amount of Each Disbursement this Period
98.00

Transaction ID : SB17.4829

SUBTOTAL of Disbursements This Page (optional) 745.00

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 54 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014 |
| Mailing Address 1001 Hawkins Avenue | | Amount of Each Disbursement this Period 16.95 Transaction ID : SB17.4830 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Postage | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014 |
| Mailing Address 1001 Hawkins Avenue | | Amount of Each Disbursement this Period 98.00 Transaction ID : SB17.4831 |
| City Lake Grove | State NY | |
| Zip Code 11755 | Purpose of Disbursement Stamps | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) c. Matt Varvaro | | Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014 |
| Mailing Address 80 Soundview Drive | | Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4836 |
| City Port Washington | State NY | |
| Zip Code 11050 | Purpose of Disbursement Research Assistant | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3114.95 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 58 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Matt Varvaro | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address 80 Soundview Drive | | Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4835 |
| City Port Washington | State NY | |
| Zip Code 11050 | Purpose of Disbursement Research Assistant | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. William Ware and Associates | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014 |
| Mailing Address 311 East 72nd Street | | Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4905 |
| City New York | State NY | |
| Zip Code 10021 | Purpose of Disbursement Petition Consulting | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. William Ware and Associates | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014 |
| Mailing Address 311 East 72nd Street | | Amount of Each Disbursement this Period 2909.25 Transaction ID : SB17.4906 |
| City New York | State NY | |
| Zip Code 10021 | Purpose of Disbursement Tele Town Hall and Robo Call consulting | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10909.25 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 56 OF 58 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of George Demos

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. William Ware and Associates | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014 |
| Mailing Address 311 East 72nd Street | | Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4907 |
| City New York | State NY | |
| Zip Code 10021 | Purpose of Disbursement Petition Consulting | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Women's National Republican Club | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014 |
| Mailing Address 3 West 51st Street | | Amount of Each Disbursement this Period 1796.44 Transaction ID : SB17.4909 |
| City New York | State NY | |
| Zip Code 10019 | Purpose of Disbursement Event payment | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6796.44 |
| TOTAL This Period (last page this line number only)..... | 815686.22 |

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

Friends of George Demos

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

[PERSONAL FUNDS]

Election: 2014

George G Demos

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 378

City

State

ZIP Code

Ronkonkoma

NY

11779

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000000.00

0.00

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

27

2013

none

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

1000000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Friends of George Demos** Transaction ID : **SC/10.4495**

LOAN SOURCE Full Name (Last, First, Middle Initial) **George G Demos** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 378

City State ZIP Code
Ronkonkoma NY 11779

| | | |
|---------------------------------------|------------------------------------|---|
| Original Amount of Loan 1000000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1000000.00 |
|---------------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 12 / D 30 / Y 2013
Date Due: M / D / Y none
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

| | | |
|--|---|------------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 1000000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | 2000000.00 |

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