FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

FRIENDS OF NAN HAYWORTH

ADDRESS (number and street) ▼ P.O. BOX 511

☐ Check if different than previously reported. (ACC)

CITY ▲ CHESTER STATE ▲ NY ZIP CODE ▲ 10918 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00466490

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

STATE ▼ NY DISTRICT 18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2015 through 03 / 31 / 2015

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

Type or Print Name of Treasurer BRADLEY T. CRATE

Signature of Treasurer *BRADLEY T. CRATE* ***[Electronically Filed]*** Date 04 / 15 / 2015

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

Office Use Only							

FEC **Form 3** (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF NAN HAYWORTH

Report Covering the Period: From: 01 / 01 / 2015 To: 03 / 31 / 2015

	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))	100.00	2859722.84
(b) Total Contribution Refunds (from Line 20(d))	0.00	38885.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	100.00	2820837.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38316.09	3386974.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	20881.07	16992.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	17435.02	3369982.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	43610.54	
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)	1117054.48	

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 NAN HAYWORTH

Report Covering the Period: From: 01 / 01 / 2015 To: 03 / 31 / 2015

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)	0.00	1378810.91
(ii) Unitemized	100.00	70098.39
(iii) TOTAL of contributions from individuals ▶	100.00	1448909.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	327264.43
(d) The Candidate	0.00	1083549.11
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	100.00	2859722.84
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	18005.49
13. LOANS: (a) Made or Guaranteed by the Candidate	0.00	632060.84
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	632060.84
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	20881.07	16992.25
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	51.09
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	20981.07	3526832.51

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3** (Revised 02/2003)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	38316.09	3386974.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	53265.00	63500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	53265.00	63500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	33885.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	38885.00
21. OTHER DISBURSEMENTS	5000.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	96581.09	3489359.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	119210.56
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	20981.07
25. SUBTOTAL (add Line 23 and Line 24)	140191.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	96581.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	43610.54

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A.
Full Name (Last, First, Middle Initial): FLS CONNECT, LLC
Mailing Address: 7300 HUDSON BLVD, SUITE 270
City: SAINT PAUL State: MN Zip Code: 55128
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 2196.20
Date of Receipt: 03 / 27 / 2015
Transaction ID : SA14.19800
Amount of Each Receipt this Period: 2196.20
VENDOR REFUND: OVERPAYMENT

B.
Full Name (Last, First, Middle Initial): JAMESTOWN ASSOCIATES
Mailing Address: 5 MAPLETON ROAD, SUITE 300
City: PRINCETON State: NJ Zip Code: 08540
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 382.50
Date of Receipt: 01 / 22 / 2015
Transaction ID : SA14.19798
Amount of Each Receipt this Period: 382.50
VENDOR REFUND: OVERPAYMENT

C.
Full Name (Last, First, Middle Initial): JAMESTOWN ASSOCIATES
Mailing Address: 5 MAPLETON ROAD, SUITE 300
City: PRINCETON State: NJ Zip Code: 08540
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 510.00
Date of Receipt: 02 / 04 / 2015
Transaction ID : SA14.19802
Amount of Each Receipt this Period: 127.50
VENDOR REFUND: OVERPAYMENT

SUBTOTAL of Receipts This Page (optional) 2706.20

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)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A.
Full Name (Last, First, Middle Initial): JAMESTOWN ASSOCIATES
Mailing Address: 5 MAPLETON ROAD, SUITE 300
City: PRINCETON State: NJ Zip Code: 08540
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 18275.28
Date of Receipt: 03 / 02 / 2015
Transaction ID : SA14.19801
Amount of Each Receipt this Period: 17765.28
VENDOR REFUND: OVERPAYMENT

B.
Full Name (Last, First, Middle Initial): VERIZON
Mailing Address: P.O. BOX 15124
City: ALBANY State: NY Zip Code: 12212
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 409.59
Date of Receipt: 01 / 20 / 2015
Transaction ID : SA14.19799
Amount of Each Receipt this Period: 409.59
VENDOR REFUND: OVERPAYMENT

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 18174.87

TOTAL This Period (last page this line number only) 20881.07

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): AMERICAN EXPRESS
Mailing Address: P. O. BOX 1270
City: NEWARK State: NJ Zip Code: 07101
Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENTRIES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 01 / 09 / 2015
Amount of Each Disbursement this Period: 1446.14
Transaction ID : SB17.19737

B. Full Name (Last, First, Middle Initial): EXXON MOBIL
Mailing Address: 20 E. MAIN STREET
City: WALDEN State: NY Zip Code: 12586
Purpose of Disbursement: AMEX 1/9 PAYMENT: TRAVEL: FUEL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 05 / 2014
Amount of Each Disbursement this Period: 48.99
Transaction ID : SB17.19737.0
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 1593 SPRING HILL RD SUITE 400
City: TYSONS CORNER State: VA Zip Code: 22182
Purpose of Disbursement: AMEX 1/9 PAYMENT: DATABASE MANAGEMENT SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 09 / 2014
Amount of Each Disbursement this Period: 217.53
Transaction ID : SB17.19737.1
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 1446.14

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): QUICK CHEK
Mailing Address: 172 NORTH MAIN ST
City: FLORIDA State: NY Zip Code: 10921
Purpose of Disbursement: AMEX 1/9 PAYMENT: TRAVEL: FUEL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 11 / 2014
Amount of Each Disbursement this Period: 37.27
Transaction ID : SB17.19737.2
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial): CUMBERLAND FARMS
Mailing Address: 100 CROSSING BLVD
City: CHESTER State: NY Zip Code: 10918
Purpose of Disbursement: AMEX 1/9 PAYMENT: TRAVEL: FUEL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 15 / 2014
Amount of Each Disbursement this Period: 40.30
Transaction ID : SB17.19737.3
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 1593 SPRING HILL RD SUITE 400
City: TYSONS CORNER State: VA Zip Code: 22182
Purpose of Disbursement: AMEX 1/9 PAYMENT: DATABASE MANAGEMENT SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 16 / 2014
Amount of Each Disbursement this Period: 156.73
Transaction ID : SB17.19737.4
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 1593 SPRING HILL RD, SUITE 400
City: TYSONS CORNER State: VA Zip Code: 22182
Purpose of Disbursement: AMEX 1/9 PAYMENT: COMPLIANCE SOFTWARE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 18 / 2014
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.19737.5
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial): CUMBERLAND FARMS
Mailing Address: 100 CROSSING BLVD
City: CHESTER State: NY Zip Code: 10918
Purpose of Disbursement: AMEX 1/9 PAYMENT: TRAVEL: FUEL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 20 / 2014
Amount of Each Disbursement this Period: 36.09
Transaction ID : SB17.19737.6
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial): SHOPRITE
Mailing Address: 78 BROOKSIDE AVENUE, SUITE 122
City: CHESTER State: NY Zip Code: 10918
Purpose of Disbursement: AMEX 1/9 PAYMENT: TRAVEL: FUEL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 26 / 2014
Amount of Each Disbursement this Period: 31.43
Transaction ID : SB17.19737.7
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): EXXON MOBIL
Mailing Address: 20 E. MAIN STREET
City: WALDEN State: NY Zip Code: 12586
Purpose of Disbursement: AMEX 1/9 PAYMENT: TRAVEL: FUEL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 28 / 2014
Amount of Each Disbursement this Period: 43.16
Transaction ID : SB17.19737.8
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial): QUICK CHEK
Mailing Address: 172 NORTH MAIN ST
City: FLORIDA State: NY Zip Code: 10921
Purpose of Disbursement: AMEX 1/9 PAYMENT: TRAVEL: FUEL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 12 / 31 / 2014
Amount of Each Disbursement this Period: 34.64
Transaction ID : SB17.19737.9
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial): AMERICAN EXPRESS
Mailing Address: P. O. BOX 1270
City: NEWARK State: NJ Zip Code: 07101
Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENTRIES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 06 / 2015
Amount of Each Disbursement this Period: 899.00
Transaction ID : SB17.19738

SUBTOTAL of Disbursements This Page (optional) 899.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 1593 SPRING HILL RD, SUITE 400
City: TYSONS CORNER State: VA Zip Code: 22182
Purpose of Disbursement: AMEX 2/6 PAYMENT: COMPLIANCE SOFTWARE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 06 / 2015
Amount of Each Disbursement this Period: 899.00
Transaction ID : SB17.19738.0
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial): AMERICAN EXPRESS
Mailing Address: P. O. BOX 1270
City: NEWARK State: NJ Zip Code: 07101
Purpose of Disbursement: CREDIT CARD PAYMENT: SEE MEMO ENTRIES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 04 / 2015
Amount of Each Disbursement this Period: 903.50
Transaction ID : SB17.19739

C. Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 1593 SPRING HILL RD, SUITE 400
City: TYSONS CORNER State: VA Zip Code: 22182
Purpose of Disbursement: AMEX 3/4 PAYMENT: COMPLIANCE SOFTWARE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 04 / 2015
Amount of Each Disbursement this Period: 903.50
Transaction ID : SB17.19739.0
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 903.50

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address P. O. BOX 1270

City: NEWARK State: NJ Zip Code: 07101

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [X] General
[ ] Other (specify)

Date of Disbursement: 03 / 27 / 2015

Amount of Each Disbursement this Period: 899.00

Transaction ID : SB17.19740

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

Mailing Address 1593 SPRING HILL RD
SUITE 400

City: TYSONS CORNER State: VA Zip Code: 22182

Purpose of Disbursement
AMEX 3/27 PAYMENT: COMPLIANCE SOFTWARE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [X] General
[ ] Other (specify)

Date of Disbursement: 03 / 27 / 2015

Amount of Each Disbursement this Period: 899.00

Transaction ID : SB17.19740.0

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS SERVICES

Mailing Address 3 WORLD FINANCIAL CENTER

City: NEW YORK State: NY Zip Code: 10285

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [X] General
[ ] Other (specify)

Date of Disbursement: 01 / 05 / 2015

Amount of Each Disbursement this Period: 1.62

Transaction ID : SB17.19741

SUBTOTAL of Disbursements This Page (optional) 900.62

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS SERVICES

Mailing Address 3 WORLD FINANCIAL CENTER

City: NEW YORK State: NY Zip Code: 10285

Purpose of Disbursement: MERCHANT FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 02 / 05 / 2015

Amount of Each Disbursement this Period: 1.62

Transaction ID : SB17.19742

B. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS SERVICES

Mailing Address 3 WORLD FINANCIAL CENTER

City: NEW YORK State: NY Zip Code: 10285

Purpose of Disbursement: MERCHANT FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 03 / 05 / 2015

Amount of Each Disbursement this Period: 1.62

Transaction ID : SB17.19743

C. Full Name (Last, First, Middle Initial)
ELAVON MERCHANT SERVICES

Mailing Address 1 CONCOURSE PARKWAY

City: ATLANTA State: GA Zip Code: 30328

Purpose of Disbursement: MERCHANT FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 01 / 02 / 2015

Amount of Each Disbursement this Period: 85.17

Transaction ID : SB17.19744

SUBTOTAL of Disbursements This Page (optional) 88.41

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A.
Full Name (Last, First, Middle Initial): ELAVON MERCHANT SERVICES
Mailing Address: 1 CONCOURSE PARKWAY
City: ATLANTA State: GA Zip Code: 30328
Purpose of Disbursement: MERCHANT FEES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 02 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 60.17
Transaction ID : SB17.19745

B.
Full Name (Last, First, Middle Initial): ELAVON MERCHANT SERVICES
Mailing Address: 1 CONCOURSE PARKWAY
City: ATLANTA State: GA Zip Code: 30328
Purpose of Disbursement: MERCHANT FEES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 02 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 60.17
Transaction ID : SB17.19746

C.
Full Name (Last, First, Middle Initial): EXECUTIVE STAR
Mailing Address: 180 E PROSPECT AVE
City: MAMARONECK State: NY Zip Code: 10543
Purpose of Disbursement: PRINTING & DESIGN SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 01 / D D 26 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 5688.72
Transaction ID : SB17.19747

SUBTOTAL of Disbursements This Page (optional) 5809.06

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): MATTHEW HUNTER
Mailing Address: 318B 6TH STREET NE
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement: MILEAGE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 05 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 480.00
Transaction ID : SB17.19736

B. Full Name (Last, First, Middle Initial): E. O'BRIEN MURRAY
Mailing Address: 235 W. 56TH STREET
City: New York State: NY Zip Code: 10019
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 30 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 644.59
Transaction ID : SB17.19734

C. Full Name (Last, First, Middle Initial): CHESTER VILLAGE DELI
Mailing Address: 69 BROOKSIDE AVE #211
City: CHESTER State: NY Zip Code: 10918
Purpose of Disbursement: MURRAY REIMBURSEMENT: MEETING EXPENSE: MEALS
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 30 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 12.70
Transaction ID : SB17.19734.0
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 1124.59

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
CHESTER VILLAGE DELI

Mailing Address 69 BROOKSIDE AVE
#211

City: CHESTER State: NY Zip Code: 10918

Purpose of Disbursement
MURRAY REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [X] General
[ ] Other (specify)

Date of Disbursement: 03 / 30 / 2015

Amount of Each Disbursement this Period: 50.32

Transaction ID : SB17.19734.1

[MEMO ITEM]

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

Mailing Address 67 BROOKSIDE AVE

City: CHESTER State: NY Zip Code: 10918

Purpose of Disbursement
MURRAY REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [X] General
[ ] Other (specify)

Date of Disbursement: 03 / 30 / 2015

Amount of Each Disbursement this Period: 31.32

Transaction ID : SB17.19734.2

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GOLDBERG'S FAMOUS BAGELS

Mailing Address 69 BROOKSIDE AVE

City: CHESTER State: NY Zip Code: 10918

Purpose of Disbursement
MURRAY REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [X] General
[ ] Other (specify)

Date of Disbursement: 03 / 30 / 2015

Amount of Each Disbursement this Period: 22.77

Transaction ID : SB17.19734.3

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
GOLDBERG'S FAMOUS BAGELS

Mailing Address 69 BROOKSIDE AVE

City: CHESTER State: NY Zip Code: 10918

Purpose of Disbursement
MURRAY REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 03 / 30 / 2015

Amount of Each Disbursement this Period: 20.86

Transaction ID : SB17.19734.4

[MEMO ITEM]

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

Mailing Address 13-14 STATE ROUTE 9D

City: BEACON State: NY Zip Code: 12508

Purpose of Disbursement
MURRAY REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 03 / 30 / 2015

Amount of Each Disbursement this Period: 61.86

Transaction ID : SB17.19734.5

[MEMO ITEM]

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

Mailing Address 68 BROOKSIDE AVENUE

City: CHESTER State: NY Zip Code: 10918

Purpose of Disbursement
MURRAY REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2014
[ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 03 / 30 / 2015

Amount of Each Disbursement this Period: 23.31

Transaction ID : SB17.19734.6

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): CHESTER DINER
Mailing Address: 67 BROOKSIDE AVE
City: CHESTER State: NY Zip Code: 10918
Purpose of Disbursement: MURRAY REIMBURSEMENT: MEETING EXPENSE: MEALS
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 30 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 10.00
Transaction ID : SB17.19734.7
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial): CHESTER VILLAGE DELI
Mailing Address: 69 BROOKSIDE AVE #211
City: CHESTER State: NY Zip Code: 10918
Purpose of Disbursement: MURRAY REIMBURSEMENT: MEETING EXPENSE: MEALS
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 30 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 6.49
Transaction ID : SB17.19734.8
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial): SUNOCO
Mailing Address: 68 BROOKSIDE AVENUE
City: CHESTER State: NY Zip Code: 10918
Purpose of Disbursement: MURRAY REIMBURSEMENT: TRAVEL: FUEL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 30 / Y Y Y Y 2015
Amount of Each Disbursement this Period: 71.96
Transaction ID : SB17.19734.9
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): CENTRAL TAXI
Mailing Address: 196 GREYCOURT RD
City: CHESTER State: NY Zip Code: 10918
Purpose of Disbursement: MURRAY REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 30 / 2015
Amount of Each Disbursement this Period: 10.00
Transaction ID : SB17.19734.10
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial): UBER
Mailing Address: 1455 MARKET STREET
City: SAN FRANCISCO State: CA Zip Code: 94103
Purpose of Disbursement: MURRAY REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 30 / 2015
Amount of Each Disbursement this Period: 8.00
Transaction ID : SB17.19734.11
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial): AMTRAK
Mailing Address: 234 W. 31ST STREET
City: NEW YORK State: NY Zip Code: 10001
Purpose of Disbursement: MURRAY REIMBURSEMENT: TRAVEL: RAIL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 30 / 2015
Amount of Each Disbursement this Period: 84.00
Transaction ID : SB17.19734.12
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A.
Full Name (Last, First, Middle Initial): AMTRAK
Mailing Address: 234 W. 31ST STREET
City: NEW YORK State: NY Zip Code: 10001
Purpose of Disbursement: MURRAY REIMBURSEMENT: TRAVEL: RAIL
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 30 / 2015
Amount of Each Disbursement this Period: 231.00
Transaction ID : SB17.19734.13
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL SERVICES/TAXES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 01 / 21 / 2015
Amount of Each Disbursement this Period: 478.35
Transaction ID : SB17.19749

C.
Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL SERVICES/TAXES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 03 / 2015
Amount of Each Disbursement this Period: 7.79
Transaction ID : SB17.19750

SUBTOTAL of Disbursements This Page (optional) 486.14

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL SERVICES/TAXES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 10 / 2015
Amount of Each Disbursement this Period: 358.75
Transaction ID : SB17.19751

B. Full Name (Last, First, Middle Initial): RED CURVE SOLUTIONS
Mailing Address: 500 CUMMINGS CENTER SUITE 4400
City: BEVERLY State: MA Zip Code: 01915
Purpose of Disbursement: COMPLIANCE CONSULTING
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 05 / 2015
Amount of Each Disbursement this Period: 5064.49
Transaction ID : SB17.19752

C. Full Name (Last, First, Middle Initial): RED CURVE SOLUTIONS
Mailing Address: 500 CUMMINGS CENTER SUITE 4400
City: BEVERLY State: MA Zip Code: 01915
Purpose of Disbursement: COMPLIANCE CONSULTING
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 26 / 2015
Amount of Each Disbursement this Period: 2449.76
Transaction ID : SB17.19753

SUBTOTAL of Disbursements This Page (optional) 7873.00

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A.
Full Name (Last, First, Middle Initial): THE TOWNSEND GROUP
Mailing Address: 1006 PENDLETON STREET
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement: FUNDRAISING CONSULTING
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 01 / 26 / 2015
Amount of Each Disbursement this Period: 18552.04
Transaction ID : SB17.19756

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

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

SUBTOTAL of Disbursements This Page (optional) 18552.04

TOTAL This Period (last page this line number only) 38082.50

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial): NAN HAYWORTH
Mailing Address: PO BOX 394
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PRIMARY 2010 LOAN REPAYMENT
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 18
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 31 / 2015
Amount of Each Disbursement this Period: 16500.00
Transaction ID : SB19A.19728

B. Full Name (Last, First, Middle Initial): NAN HAYWORTH
Mailing Address: PO BOX 394
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: GENERAL 2010 LOAN REPAYMENT
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 18
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 31 / 2015
Amount of Each Disbursement this Period: 18600.00
Transaction ID : SB19A.19730

C. Full Name (Last, First, Middle Initial): NAN HAYWORTH
Mailing Address: PO BOX 394
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: GENERAL 2012 LOAN REPAYMENT
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 18
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 31 / 2015
Amount of Each Disbursement this Period: 18165.00
Transaction ID : SB19A.19731

SUBTOTAL of Disbursements This Page (optional) 53265.00

TOTAL This Period (last page this line number only) 53265.00

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A.
Full Name (Last, First, Middle Initial)
WESTCHESTER REPUBLICAN COUNTY COMMITTEE

Mailing Address 214 MAMARONECK AVE

City: WHITE PLAINS State: NY Zip Code: 10601

Purpose of Disbursement: CONTRIBUTION

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2014
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 01 / 26 / 2015

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB21.19733

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

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

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 5000.00

TOTAL This Period (last page this line number only) 5000.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.5177

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
NAN HAYWORTH

Mailing Address
PO BOX 394

City: FISHKILL
State: NY
ZIP Code: 12524

Election: 2010
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan: 110000.00
Cumulative Payment To Date: 64500.00
Balance Outstanding at Close of This Period: 45500.00

TERMS

Date Incurred: 09 / 26 / 2009
Date Due: M M / D D / Y Y Y Y — DUE ON DEMAND
Interest Rate: 0.00 % (apr)
Secured: [ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 45500.00

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.5180

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
NAN HAYWORTH

Mailing Address
PO BOX 394

Election: 2010
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2009	DUE ON DEMAND	0.00 % (apr)	[ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 40000.00

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.5181

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
NAN HAYWORTH

Election: 2010
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO BOX 394

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate	Secured:
12 / 31 / 2009	DUE ON DEMAND	0.00 % (apr)	[ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 100000.00

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.5183

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
NAN HAYWORTH

Mailing Address
PO BOX 394

Election: 2010
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	34100.00	115900.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 2010	DUE ON DEMAND	0.00 % (apr)	[ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 115900.00

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.5184

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
NAN HAYWORTH

Mailing Address
PO BOX 394

Election: 2010
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2010	DUE ON DEMAND	0.00 % (apr)	[ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 100000.00

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.4731

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

Mailing Address
PO BOX 394

City: FISHKILL
State: NY
ZIP Code: 12524

Election: 2012
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	18165.00	81835.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 29 / 2012	12/31/2014	0.00 % (apr)	[ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 81835.00

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.4782

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

Mailing Address
PO BOX 394

City: FISHKILL
State: NY
ZIP Code: 12524

Election: 2012
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Original Amount of Loan: 10033.45
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 10033.45

TERMS

Date Incurred: 12 / 18 / 2012
Date Due: MM / DD / YYYY
Interest Rate: 0.00 % (apr)
Secured: [ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 10033.45

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.4783

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

Mailing Address
PO BOX 394

City: FISHKILL
State: NY
ZIP Code: 12524

Election: 2012
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
63500.00	0.00	63500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12 / 21 / 2012	DUE ON DEMAND	0.00 % (apr)	[ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 63500.00

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.5187

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
NAN HAYWORTH

Mailing Address
PO BOX 394

Election: 2012
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 22 / 2013	DUE ON DEMAND	0.00 % (apr)	[ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.14516

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
NAN HAYWORTH

Mailing Address
PO BOX 394

City: FISHKILL
State: NY
ZIP Code: 12524

Election: 2014
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan: 8527.39
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 8527.39

TERMS

Date Incurred: 09 / 30 / 2013
Date Due: M M / D D / Y Y Y Y — DUE ON DEMAND
Interest Rate: 0.00 % (apr)
Secured: [ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 8527.39

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Transaction ID : SC/10.16432

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
NAN HAYWORTH

Election: 2014
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address
PO BOX 394

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2014	DUE ON DEMAND	0.00 % (apr)	[ ] Yes [x] 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) ▶ 500000.00

TOTALS This Period (last page in this line only) ▶ 1115295.84

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

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

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

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Nature of Debt (Purpose): DIGITAL CONSULTING

Transaction ID : SD10.16433

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1758.64	0.00	0.00	1758.64

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	1758.64
2) **TOTALS** This Period (last page this line number only) ▶	1758.64
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	1115295.84
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	1117054.48