



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Elise for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	125588.00	1407456.56
(b) Total Contribution Refunds (from Line 20(d)) .....	150.00	9370.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	125438.00	1398086.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	215709.77	1385487.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	122.00	2958.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	215587.77	1382528.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	254212.48	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	37472.50	

**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

**Elise for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	99763.00	788425.59
(ii) Unitemized .....	9325.00	142463.71
(iii) TOTAL of contributions from individuals .....	109088.00	930889.30
(b) Political Party Committees.....	0.00	3250.00
(c) Other Political Committees (such as PACs).....	16500.00	445650.00
(d) The Candidate .....	0.00	27667.26
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	125588.00	1407456.56
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	219154.01
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	35000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	35000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	122.00	2958.91
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	125710.00	1664569.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	215709.77	1385487.00
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 .....	150.00	7370.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	150.00	9370.00
21. OTHER DISBURSEMENTS .....	15500.00	15500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	231359.77	1410357.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	359862.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	125710.00
25. SUBTOTAL (add Line 23 and Line 24).....	485572.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	231359.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	254212.48

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

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

FOR LINE NUMBER: PAGE 5 OF 76  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD H. ANDERSON**

Mailing Address 345 BRENTWOOD TERRACE NE

City ATLANTA State GA Zip Code 30305-3206

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

Name of Employer DELTA Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.4021**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ISAAC APPLBAUM**

Mailing Address 837 LONGRIDGE ROAD

City OAKLAND State CA Zip Code 94610-2446

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

Name of Employer SELF Occupation CONSULTANT

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  
 10 / 06 / 2014

**Transaction ID : SA11.3965**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RONALD BAISLEY**

Mailing Address 382 S. MAIN STREET

City MECHANICVILLE State NY Zip Code 12118-2623

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

Name of Employer D.A. COLLINS CONSTRUCTION Occupation DIRECTOR OF EQUIPMENT SERVICES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11.3764**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 750.00

CONTRIBUTION

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

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

\_\_\_\_\_ 2250.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 6 OF 76  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSHUA G. BEDELL**

Mailing Address **88 LEONARD STREET #608**

City **NEW YORK** State **NY** Zip Code **10013-3495**

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

Name of Employer **VERISK ANALYTICS** Occupation **VICE PRESIDENT, CORPORATE DEVELOPM**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

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

**Transaction ID : SA11.4094**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL K. BENSON**

Mailing Address **20 LOUDONVILLE RD**

City **ALBANY** State **NY** Zip Code **12204-1509**

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

Name of Employer **BCI CONSTRUCTION** Occupation **OWNER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3972**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALEXANDER BERGER**

Mailing Address **170 EAST 87TH STREET**

City **NEW YORK** State **NY** Zip Code **10128-2214**

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

Name of Employer **VRINGO, INC.** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11.4079**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**4600.00**

**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 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREW BLUM**

Mailing Address 410 PARK AVENUE

City State Zip Code  
NEW YORK NY 10022-4407

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

Name of Employer Occupation  
C.L. KING & ASSOCIATES MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 11 / 2014

**Transaction ID : SA11.4100**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 580 HOWARD STREET

City State Zip Code  
SAN FRANCISCO CA 94105-3024

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

Name of Employer Occupation  
BLUMBERG CAPITAL VENTURE CAPITAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.4095**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALBERT BRONSTEIN**

Mailing Address 100 HILTON AVENUE

City State Zip Code  
GARDEN CITY NY 11530-1564

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SA11.4005**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**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: (check only one)	PAGE 8 OF 76
	<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)  
**Elise for Congress**

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

Mailing Address **77 HUDSON STREET**

City **JERSEY CITY** State **NJ** Zip Code **07302-8517**

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

Name of Employer **AMERICAN EXPRESS** Occupation **SVP**

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  
**10 / 15 / 2014**

**Transaction ID : SA11.4160**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL A. COLARUSSO**

Mailing Address **1544 STATE ROUTE 203**

City **CHATHAM** State **NY** Zip Code **12037-1708**

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

Name of Employer **A. COLARUSSO & SONS INC** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3983**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID J. COLLINS**

Mailing Address **500 BRAIM RD**

City **GREENFIELD CENTER** State **NY** Zip Code **12833-1736**

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

Name of Employer **D.A. COLLINS CONSTRUCTION** Occupation **CONSTRUCTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3974**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**5450.00**

**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 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHANIE D. COLLINS**

Mailing Address 500 BRAIM RD

City GREENFIELD CENTER State NY Zip Code 12833-1736

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.3987**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE T. CORRIGAN JR.**

Mailing Address 45 W 60TH ST APT 6D

City NEW YORK State NY Zip Code 10023-7950

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

Name of Employer **GEORGE CORRIGAN CONSULTING** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11.4030**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ANN COSTELLO**

Mailing Address 4403 TOURNAY ROAD

City BETHESDA State MD Zip Code 20816-1844

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

Name of Employer **BNY MELLON** Occupation **MANAGING DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.3876**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4100.00

**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 76
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>KATHLEEN CROSS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 6110 BURGOYNE RD		<b>Transaction ID : SA11.4140</b>
City HOUSTON	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>JOHN S. DALSHIM</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 151 E 83RD STREET APT 8B		<b>Transaction ID : SA11.4038</b>
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer JANNEY MONTGOMERY SCOTT	Occupation INVESTMENTS	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>JOHN P. DAVIDSON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 13 ASHLEY PLACE		<b>Transaction ID : SA11.3973</b>
City QUEENSBURY	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer JOINTA GALUSHA	Occupation VP	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ZORAIDA F. DE FONALLEDAS**

Mailing Address **PO BOX 71450**

City **SAN JUAN** State **PR** Zip Code **00936-8550**

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

Name of Employer **SELF-EMPLOYED** Occupation **LAWYER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11.4056**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **1150 5TH AVE APT. 9E**

City **NEW YORK** State **NY** Zip Code **10128-0724**

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

Name of Employer **DEWEY PEGNO KRAMARSKY LLP** Occupation **LAWYER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11.4089**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY L. DISTEFANO**

Mailing Address **659 KRUMKILL RD.**

City **ALBANY** State **NY** Zip Code **12203-5975**

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

Name of Employer **HARRISON BURROWES** Occupation **VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3970**

Amount of Each Receipt this Period  
**1250.00**  
 CONTRIBUTION

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

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

**2750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GARRY F. DOUGLAS**

Mailing Address **PO BOX 2773**

City **PLATTSBURGH** State **NY** Zip Code **12901-0239**

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

Name of Employer **NRCC** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1075.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11.4156**

Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN DOWD**

Mailing Address **111 YOUNGS ROAD**

City **MERRILL** State **NY** Zip Code **12955-2404**

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  
**250.00**

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

**Transaction ID : SA11.4082**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TIMOTHY DRUMM**

Mailing Address **1221 G STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002-4423**

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

Name of Employer **THE ROOSEVELT GROUP** Occupation **SENIOR ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

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

**Transaction ID : SA11.3920**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**775.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL DUNN**

Mailing Address **2 BEEKMAN COURT**

City **LOUDONVILLE** State **NY** Zip Code **12211-2635**

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

Name of Employer **KUBRICK & CONSTRUCTION** Occupation **MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3991**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHAIM Y. EDELSTEIN**

Mailing Address **1040 PARK AVE 126**

City **NEW YORK** State **NY** Zip Code **10028-1032**

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

Name of Employer **HILLSTORES** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 08 / 2014**

**Transaction ID : SA11.4033**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SAMUEL EISENSTAT**

Mailing Address **45 EAST 89TH STREET APT. 24E**

City **NEW YORK** State **NY** Zip Code **10128-1230**

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  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 08 / 2014**

**Transaction ID : SA11.4035**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**5100.00**

**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 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PEGGY ELLIS**

Mailing Address 3211 OLD DOMINION BLVD

City State Zip Code  
ALEXANDRIA VA 22305-

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

Name of Employer Occupation  
ELLIS & COMPANY, L.L.C. CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.3877**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 14 THORBERRY DR

City State Zip Code  
GLENS FALLS NY 12801-4112

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

Name of Employer Occupation  
D.A. COLLINS PROJECT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11.3984**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TODD FOX**

Mailing Address 1525 MARION ST NW

City State Zip Code  
WASHINGTON DC 20001-3415

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

Name of Employer Occupation  
VISA SENIOR DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 11 / 2014

**Transaction ID : SA11.4096**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSE FUENTES**

Mailing Address 750 9TH ST NW SUITE 750

City WASHINGTON State DC Zip Code 20001-4589

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

Name of Employer EASTPORT STRATEGIES LLC 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  
 10 / 09 / 2014

**Transaction ID : SA11.4055**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARTIN A. GALASSO JR.**

Mailing Address PO BOX 92

City SUMMIT State NY Zip Code 12175-0092

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

Name of Employer LANCASTER DEVELOPMENT INC Occupation EXECUTIVE VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.3978**

Amount of Each Receipt this Period  
1250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL S. GALUSHA**

Mailing Address 183 SCHROON RIVER RD

City WARRENSBURG State NY Zip Code 12885-4803

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

Name of Employer JOINT GALUSHA Occupation DANIEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.3977**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 16 OF 76  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**J. MAUREEN GALUSHA**

Mailing Address 184 BARNEY HILL RD PO BOX 9

City State Zip Code  
BAKERS MILLS NY 12811-0009

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

Name of Employer Occupation  
JOINTA GALUSHA INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11.3988**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETER J. GEMELLARO**

Mailing Address 1312 LOOKOUT LN

City State Zip Code  
CLIFTON PARK NY 12065-8808

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

Name of Employer Occupation  
HUDSON VALLEY COMMUNITY COLLEGE INSTRUCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 11 / 2014

**Transaction ID : SA11.4101**

Amount of Each Receipt this Period  
25.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTI GIBBS**

Mailing Address 418 MEADOWCREST CIRCLE

City State Zip Code  
FRANKLIN TN 37064-4775

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11.4107**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

2275.00

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

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

FOR LINE NUMBER: PAGE 17 OF 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 7071 HORTON ROAD

City State Zip Code  
HAMILTON NY 13346-2323

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

Name of Employer Occupation  
SELF INVESTMENTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 11 / 2014

**Transaction ID : SA11.4104**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES GROFF**

Mailing Address P.O. BOX 611

City State Zip Code  
NORTHVILLE NY 12134-0611

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

Name of Employer Occupation  
TOWN OF NORTHAMPTON SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11.3760**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES GROFF**

Mailing Address P.O. BOX 611

City State Zip Code  
NORTHVILLE NY 12134-0611

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

Name of Employer Occupation  
TOWN OF NORTHAMPTON SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SA11.4198**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

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

2750.00

**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 76
	<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)  
**Elise for Congress**

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

Mailing Address 40 HAVILAND ROAD

City State Zip Code  
HARRISON NY 10528-1002

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

Name of Employer Occupation  
HOPE CAPITAL MANAGEMENT, LLC INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SA11.4009**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT L. GUYETT**

Mailing Address 1221 GULF SHORE BLVD UNIT 803

City State Zip Code  
NAPLES FL 34102-4916

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2014

**Transaction ID : SA11.4212**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HOWARD HAN**

Mailing Address 211 EAST 13TH STREET

City State Zip Code  
NEW YORK NY 10003-5602

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

Name of Employer Occupation  
THAYER STREET PARTNERS PRIVATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.3893**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSHUA HARLAN**

Mailing Address **28 E 73RD STREET**

City **NEW YORK** State **NY** Zip Code **10021-4143**

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

Name of Employer **HARLAN CAPITAL PARTNERS** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 08 / 2014**

**Transaction ID : SA11.4007**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN HEALY**

Mailing Address **132 STOCK FARM ROAD**

City **CHESTERTOWN** State **NY** Zip Code **12817-4202**

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

Name of Employer **DA COLLINS** Occupation **VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3961**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN HIRSCHMANN**

Mailing Address **4052 SEMINARY ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22304-1646**

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

Name of Employer **WILLIAMS AND JENSEN** Occupation **PRINCIPAL**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : SA11.3826**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 20 OF 76
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>PETER HOFFMAN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 100 GLEN STREET SUITE 3K		<b>Transaction ID : SA11.4051</b>	
City GLENS FALLS	State NY	Zip Code 12801-4422	Amount of Each Receipt this Period 2250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer SELF	Occupation PROPERTY MANAGER		OFFICE RENT
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		

Full Name (Last, First, Middle Initial) <b>SUZANNE HOFFMAN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 100 GLEN ST SUITE 3A		<b>Transaction ID : SA11.4050</b>	
City GLENS FALLS	State NY	Zip Code 12801-4422	Amount of Each Receipt this Period 2250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer SELF	Occupation PROPERTY MANAGER		OFFICE RENT
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		

Full Name (Last, First, Middle Initial) <b>ROBERT E. HUGHES</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 103 BUTTERMILK FALLS ROAD		<b>Transaction ID : SA11.3979</b>	
City FORT ANN	State NY	Zip Code 12827-2704	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer KUBRICK CONSTRUCTION	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11.4051

IN-KIND: OFFICE RENT

Form/Schedule: SA11AI

Transaction ID: SA11.4050

IN-KIND: OFFICE RENT

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WENDY S. INGBER**

Mailing Address **PO BOX 2126**

City **NEW YORK** State **NY** Zip Code **10021-0053**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 08 / 2014**

**Transaction ID : SA11.4032**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **114 HUDSON POINTE BLVD**

City **QUEENSBURY** State **NY** Zip Code **12804-6415**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : SA11.3794**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**REUBEN JEFFREY III**

Mailing Address **620 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10065-6591**

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

Name of Employer **SENIOR ADVISOR** Occupation **CSIS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.4023**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**3800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA KERR**

Mailing Address **220 STONE CHURCH ROAD**

City **BALLSTON SPA** State **NY** Zip Code **12020-4604**

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

Name of Employer **SKIDMORE COLLEGE** Occupation **CARD OFFICE COORDINATOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **355.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 01 / 2014**

**Transaction ID : SA11.3756**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BARBARA KERR**

Mailing Address **220 STONE CHURCH ROAD**

City **BALLSTON SPA** State **NY** Zip Code **12020-4604**

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

Name of Employer **SKIDMORE COLLEGE** Occupation **CARD OFFICE COORDINATOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **355.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 13 / 2014**

**Transaction ID : SA11.4210**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address **4700 BLUFFVIEW BLVD.**

City **DALLAS** State **TX** Zip Code **75209-1906**

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

Name of Employer **TNR** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11.4128**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARTIN C. KOFMAN**

Mailing Address 840 IVY HILL ROAD

City: WOODMERE State: NY Zip Code: 11598-1853

FEC ID number of contributing federal political committee: C

Name of Employer: AMERICAN PACKAGE Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 08 / 2014

**Transaction ID : SA11.4036**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BILL LARZELERE**

Mailing Address POBOX 9

City: LAKE PLACID State: NY Zip Code: 12946-0009

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 275.00

Date of Receipt: 10 / 15 / 2014

**Transaction ID : SA11.4157**

Amount of Each Receipt this Period: 25.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MERILE J. LATTERELL**

Mailing Address 44 BEEKMAN PLACE

City: QUEENSBURY State: NY Zip Code: 12804-9707

FEC ID number of contributing federal political committee: C

Name of Employer: D.A. COLLINS Occupation: EQUIPMENT VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 10 / 06 / 2014

**Transaction ID : SA11.3989**

Amount of Each Receipt this Period: 2000.00

CONTRIBUTION

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

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

2525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ENRICO LAZIO**

Mailing Address 126 S. WINDSOR AVE

City State Zip Code  
BRIGHTWATERS NY 11718-1506

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

Name of Employer Occupation  
JONES WALKER ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SA11.4039**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SUJEAN LEE**

Mailing Address 301 ELIZABETH STREET, 10U

City State Zip Code  
NEW YORK NY 10012-2853

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

Name of Employer Occupation  
CHOBANI SVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11.3922**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 1040 FIFTH AVENUE

City State Zip Code  
NEW YORK NY 10028-0137

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

Name of Employer Occupation  
MASTERSTREET ENTREPRENEUR / INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11.3830**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>MARA LEIGHTON</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 45 E 66		<b>Transaction ID : SA11.4034</b>
City NEW YORK	State NY	Zip Code 10065-6102
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer FRED LEIGHTON JEWELRY	Occupation JEWELER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>LAURIE J. LONGE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 40 WINCREST DRIVE		<b>Transaction ID : SA11.3982</b>
City QUEENSBURY	State NY	Zip Code 12804-1345
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>THOMAS LONGE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 40 WINCREST DR		<b>Transaction ID : SA11.3969</b>
City QUEENSBURY	State NY	Zip Code 12804-1345
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
Name of Employer DA COLLINS	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> 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 27 OF 76
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>ROBERT D. MANZ</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2014
Mailing Address 525 CRESCENT AVE		<b>Transaction ID : SA11.3971</b>
City SARATOGA SPRINGS	State NY	Zip Code 12866-8732
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
Name of Employer D.A. COLLINS	Occupation COO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>SHAUN MCCUTCHEON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address P.O. BOX 56		<b>Transaction ID : SA11.4167</b>
City MCCALLA	State AL	Zip Code 35111-0056
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1776.00 CONTRIBUTION	
Name of Employer COALMONT	Occupation ENGINEER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1776.00	

Full Name (Last, First, Middle Initial) <b>TODD J. MCDONALD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2014
Mailing Address 11 EAGLE RIDGE DRIVE		<b>Transaction ID : SA11.3986</b>
City TROY	State NY	Zip Code 12180-7167
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00 CONTRIBUTION	
Name of Employer BROADSTONE ADVISORS LLC	Occupation ADVISOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5126.00
<b>TOTAL</b> 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 28 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD C. MCNALLY**

Mailing Address 2312 BERWICK COURT UNIT 102

City State Zip Code  
NAPLES FL 34105-3102

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.4059**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WENDELL MENARD**

Mailing Address 22446 RUSTIC MEADOW CT

City State Zip Code  
KATY TX 77494-8247

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

Name of Employer Occupation  
CONOCOPHILLIPS ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11.3761**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL MILLETTE**

Mailing Address 80 RIDGE ROAD

City State Zip Code  
NEW ROCHELLE NY 10804-4723

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

Name of Employer Occupation  
GOLDMAN, SACHS & CO. BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2014

**Transaction ID : SA11.3947**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

4100.00

**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 29 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GERALD D MORGAN**

Mailing Address P.O. BOX 12

City State Zip Code  
VIDA OR 97488-0012

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11.4158**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SARAH MORGAN**

Mailing Address 1373 SUMMIT POINT ROAD

City State Zip Code  
SUMMIT POINT WV 25446-3537

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

Name of Employer Occupation  
GOLDMAN SACHS COMPLIANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11.3963**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN J. NIGRO**

Mailing Address 12 W COBBLE HILL ROAD

City State Zip Code  
LOUDONVILLE NY 12211-1308

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

Name of Employer Occupation  
NIGRO COMPANIES REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11.3992**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
	<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)  
**Elise for Congress**

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

Mailing Address **6 LOUDON HEIGHTS SOUTH**

City **LOUDONVILLE** State **NY** Zip Code **12211-2014**

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

Name of Employer **MOHAWK PAPER** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

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

**Transaction ID : SA11.4081**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MORGAN D. ORTAGUS**

Mailing Address **301 E 66TH STREET APT 6G**

City **NEW YORK** State **NY** Zip Code **10065-6215**

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

Name of Employer **STANDARD CHARTERED BANK** Occupation **DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 08 / 2014**

**Transaction ID : SA11.4031**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN K. RIFENBURG**

Mailing Address **129 DATER HILL RD**

City **TROY** State **NY** Zip Code **12180-7303**

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

Name of Employer **RIFENBURG CONTRACTING** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3975**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

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

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

**2650.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. ROJ**

Mailing Address 19200 N PARK BLVD

City State Zip Code  
SHAKER HEIGHTS OH 44122-1817

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

Name of Employer Occupation  
ERICO INTERNATIONAL CORP CHAIRMAN & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11.3996**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY LYNN DURHAM**

Mailing Address 19200 N PARK BLVD

City State Zip Code  
SHAKER HEIGHTS OH 44122-1817

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

Name of Employer Occupation  
SELF INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11.4015**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. ROJ**

Mailing Address 19200 N PARK BLVD

City State Zip Code  
SHAKER HEIGHTS OH 44122-1817

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

Name of Employer Occupation  
ERICO INTERNATIONAL CORP CHAIRMAN & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11.3996B**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>DAVID SANTOS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 716 MCKAY RD		<b>Transaction ID : SA11.3990</b>	
City AMSTERDAM	State NY	Zip Code 12010-7426	Amount of Each Receipt this Period _____ 1500.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer DA COLLINS CONSTRUCT COMPANIES	Occupation CIVIL ENGINEER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

Full Name (Last, First, Middle Initial) <b>DAVID SAYERS</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 05 / 2014	
Mailing Address 70 I ST SE		<b>Transaction ID : SA11.3956</b>	
City WASHINGTON	State DC	Zip Code 20003-4800	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer OFFICE OF REP. J. RANDY FORBES	Occupation DEFENSE POLICY ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>CHRIS M. SCARINGE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2014	
Mailing Address 16 DUTCH MEADOWS DR		<b>Transaction ID : SA11.4027</b>	
City COHOES	State NY	Zip Code 12047-4939	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer NORTH AMERICAN INDUSTRIAL SERVICES	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2250.00
<b>TOTAL</b> 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 33 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM M. SCHULTZ**

Mailing Address **63 SWEET ROAD**

City **BALLSTON LAKE** State **NY** Zip Code **12019-1805**

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

Name of Employer **W.M. SCHULTZ CONSTRUCTION** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3985**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. MICHAEL SHEA**

Mailing Address **25 CAITLIN DRIVE**

City **QUEENSBURY** State **NY** Zip Code **12804-8500**

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

Name of Employer **K2 SKI CO.** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3981**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN J. SHEERMAN**

Mailing Address **19 PINE HOLLOW DRIVE**

City **BALLSTON SPA** State **NY** Zip Code **12020-2729**

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

Name of Employer **DA COLLINS CONSTRUCTION COMPANY** Occupation **CFO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 06 / 2014**

**Transaction ID : SA11.3980**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**4350.00**

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

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

FOR LINE NUMBER: PAGE 34 OF 76  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FREDRIK STILES STANTON**

Mailing Address 116 E. 68TH STREET APT. 5B

City NEW YORK State NY Zip Code 10065-5995

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

Name of Employer SELF Occupation FILMMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11.4037**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

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

Mailing Address 25 FAMER STREET

City CANTON State NY Zip Code 13617-1120

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

Name of Employer ST. LAWRENCE UNIVERSITY Occupation PROFESSOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.4057**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. STRONG**

Mailing Address 800 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611-2105

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

Name of Employer LONGFORD CAPITAL MANAGEMENT, LP Occupation PRIVATE EQUITY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11.3950**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

CONTRIBUTION

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

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

\_\_\_\_\_ 4100.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS R. TYRRELL**

Mailing Address 5 SCHUYLER MEADOWS RD

City ALBANY State NY Zip Code 12211-1423

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

Name of Employer ROSK & KIERNAN INC. Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.3976**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALEX WATERS**

Mailing Address 4004 192ND STREET

City AUBURNDALE State NY Zip Code 11358-2913

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

Name of Employer AMPED WEB, LLC Occupation PROGRAMMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11.3873**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 1936 N. HALSTED ST. #B

City CHICAGO State IL Zip Code 60614-5009

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

Name of Employer CITADEL Occupation ANALYST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.4071**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

2250.00

**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 36 OF 76
	<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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN H. ZURLO**

Mailing Address 368 POINT AU FER RD

City State Zip Code  
CHAMPLAIN NY 12919-6314

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

Name of Employer Occupation  
CLINTON COUNTY COUNTY CLERK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
562.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SA11.4049**

Amount of Each Receipt this Period  
562.00

CONTRIBUTION

INKIND- FOOD/BEVERAGES

**B.** Full Name (Last, First, Middle Initial)  
**SBA LIST CANDIDATE FUND**

Mailing Address 1707 L STREET NW, STE 550

City State Zip Code  
WASHINGTON DC 20036-4212

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9103.65

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SA11.4042**

Amount of Each Receipt this Period  
910.00

**[MEMO ITEM]**  
SEE ATTRIBUTION BELOW

**C.** Full Name (Last, First, Middle Initial)  
**CAROLYN PARLATO**

Mailing Address 1529 CRESTVIEW AVE

City State Zip Code  
TALLAHASSEE FL 32303-5815

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SA11.4045**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

EARMARKED FROM SBA LIST CANDIDATE FUND

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

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

1062.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11.4042

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT EFFECTED.

Form/Schedule:

Transaction ID:

**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 38 OF 76
	<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)  
**Elise for Congress**

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

Mailing Address 1 CARDINAL SPELLMAN PL

City BRONX State NY Zip Code 10466-5825

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

Name of Employer CARDINAL SPELLMAN HIGH SCHOOL Occupation PRIEST/TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11.4048**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

EARMARKED FROM SBA LIST CANDIDATE FUND

**B.** 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 Y Y

Amount of Each Receipt this Period

**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 Y Y

Amount of Each Receipt this Period

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

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

250.00

99763.00

**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 39 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 401 SOUTH FIRST STREET

City NORTHVILLE State NY Zip Code 12134-4239

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.4058**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN LEGACY PAC**

Mailing Address 1220 L ST NW SUITE 100-165

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C** C00488304

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.4060**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF KENTUCKY FRIED CHICKEN FRANCHISEES INC PAC**

Mailing Address PO BOX 26366

City ALEXANDRIA State VA Zip Code 22313-6366

FEC ID number of contributing federal political committee. **C** C00412098

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.4024**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

4000.00

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

Form/Schedule: SA11C

Transaction ID : SA11.4058

FEDERALLY PERMISSIBLE FUNDS

Form/Schedule:

Transaction ID:

**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 41 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EXXONMOBIL PAC**

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11.4211**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HALLIBURTON COMPANY PAC**

Mailing Address 801 17TH ST NW 10TH FLOOR

City WASHINGTON State DC Zip Code 20006-3912

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.4064**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HELP AMERICA'S LEADERS PAC (HALPAC)**

Mailing Address 701 8TH STREET NW SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00376038

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.4065**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

6000.00

**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 42 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MIKE PAC**

Mailing Address 801 PENNSYLVANIA AVE NW SUITE 230

City WASHINGTON State DC Zip Code 20004-2697

FEC ID number of contributing federal political committee. **C** C00366195

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.3998**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC**

Mailing Address 2901 TELESTAR CT

City FALLS CHURCH State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.4067**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ROOFING CONTRACTORS ASSOCIATION (ROOF PAC)**

Mailing Address 10255 W. HIGGINS RD NO. 600

City ROSEMONT State IL Zip Code 60018-5613

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.4066**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4000.00

**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 43 OF 76
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**USAA EMPLOYEE PAC**

Mailing Address 9800 FREDERICKSBURG ROAD

City SAN ANTONIO State TX Zip Code 78288-0001

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.3999**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** 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 Y Y

Amount of Each Receipt this Period

**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 Y Y

Amount of Each Receipt this Period

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

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

2500.00

16500.00

**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 44 OF 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. LEONARDO ALCIVAR</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>PO BOX 338</b>		Amount of Each Disbursement this Period <b>2142.69</b> <b>Transaction ID : SB17.489</b>
City <b>WILLSBORO</b>	State <b>NY</b>	
Zip Code <b>12996</b>	Purpose of Disbursement <b>PAYROLL</b>	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:	

Full Name (Last, First, Middle Initial) <b>B. ANTHONY CARRAGHER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>373 STATE ROUTE 3 SUITE 4</b>		Amount of Each Disbursement this Period <b>192.50</b> <b>Transaction ID : SB17.459</b>
City <b>PLATTSBURGH</b>	State <b>NY</b>	
Zip Code <b>12901</b>	Purpose of Disbursement <b>CAMPAIGN CONSULTING</b>	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:	

Full Name (Last, First, Middle Initial) <b>C. PATRICK DEROUCHER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>PO BOX 338</b>		Amount of Each Disbursement this Period <b>1183.14</b> <b>Transaction ID : SB17.490</b>
City <b>WILLSBORO</b>	State <b>NY</b>	
Zip Code <b>12996</b>	Purpose of Disbursement <b>PAYROLL</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3518.33</b>
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. ETHAN GILBERT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 140 PARK AVE			Amount of Each Disbursement this Period 827.26
City WATERTOWN	State NY	Zip Code 13601	
Purpose of Disbursement PAYROLL		Category/ Type	<b>Transaction ID : SB17.491</b>
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:			

Full Name (Last, First, Middle Initial) <b>B. PETER HOFFMAN</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 100 GLEN STREET SUITE 3K			Amount of Each Disbursement this Period 2250.00
City GLENS FALLS	State NY	Zip Code 12801-4422	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type	<b>Transaction ID : SB17.4051</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		OFFICE RENT
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SUZANNE HOFFMAN</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 100 GLEN ST SUITE 3A			Amount of Each Disbursement this Period 2250.00
City GLENS FALLS	State NY	Zip Code 12801-4422	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type	<b>Transaction ID : SB17.4050</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		OFFICE RENT
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5327.26
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIAH KAMPNICH</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 23235 KNOWLESVILLE RD		Amount of Each Disbursement this Period 970.00 <b>Transaction ID : SB17.460</b>
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement CAMPAIGN CONSULTING	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:	

Full Name (Last, First, Middle Initial) <b>B. MEGAN LAMON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 140 PARK AVE		Amount of Each Disbursement this Period 628.00 <b>Transaction ID : SB17.461</b>
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement CAMPAIGN CONSULTING	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:	

Full Name (Last, First, Middle Initial) <b>C. LUKE MAHONEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO BOX 308		Amount of Each Disbursement this Period 546.10 <b>Transaction ID : SB17.492</b>
City WILLSBORO	State NY	
Zip Code 12996	Purpose of Disbursement PAYROLL	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2144.10
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. MATT MASTERSON</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>	
Mailing Address <b>533 E 8TH AVE</b>			Amount of Each Disbursement this Period <b>2511.40</b>	
City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32301</b>	Transaction ID : <b>SB17.493</b>	
Purpose of Disbursement <b>PAYROLL</b>		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:				

Full Name (Last, First, Middle Initial) <b>B. JACK MOULTON</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>	
Mailing Address <b>1465 CASTLERIDGE RD</b>			Amount of Each Disbursement this Period <b>951.14</b>	
City <b>CASTLETON</b>	State <b>NY</b>	Zip Code <b>12033</b>	Transaction ID : <b>SB17.494</b>	
Purpose of Disbursement <b>PAYROLL</b>		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:				

Full Name (Last, First, Middle Initial) <b>C. JACK MOULTON</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>	
Mailing Address <b>1465 CASTLERIDGE RD</b>			Amount of Each Disbursement this Period <b>351.68</b>	
City <b>CASTLETON</b>	State <b>NY</b>	Zip Code <b>12033</b>	Transaction ID : <b>SB17.512</b>	
Purpose of Disbursement <b>TRAVEL- MILEAGE</b>		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3814.22</b>
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. ANTHONY PILEGGI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>79 WARREN STREET APT 306</b>		Amount of Each Disbursement this Period <b>1746.51</b>
City <b>GLENS FALLS</b>	State <b>NY</b>	
Zip Code <b>12801</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.495</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. JOHN H. ZURLO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2014</b>
Mailing Address <b>368 POINT AU FER RD</b>		Amount of Each Disbursement this Period <b>562.00</b>
City <b>CHAMPLAIN</b>	State <b>NY</b>	
Zip Code <b>12919-6314</b>	Purpose of Disbursement <b>IN-KIND CONTRIBUTION</b>	<b>Transaction ID : SB17.4049</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>INKIND- FOOD/BEVERAGES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2014</b>
Mailing Address <b>PO BOX 842875</b>		Amount of Each Disbursement this Period <b>73.74</b>
City <b>BOSTON</b>	State <b>MA</b>	
Zip Code <b>02284</b>	Purpose of Disbursement <b>PAYROLL SERVICE</b>	<b>Transaction ID : SB17.496</b>
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2382.25</b>
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address PO BOX 842875		Amount of Each Disbursement this Period 4807.99
City BOSTON	State MA	
Zip Code 02284	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.497
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period 7.95
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.464
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO BOX 981532		Amount of Each Disbursement this Period 606.45
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.465
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5422.39
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

**A. BERKOWITZ PUBLIC AFFAIRS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1329 K STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement RESEARCH CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 05 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.502

**B. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 1385.99

Transaction ID : SB17.456

**C. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL RD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2014

Amount of Each Disbursement this Period: 1070.03

Transaction ID : SB17.462

**SUBTOTAL** of Disbursements This Page (optional) ..... 4956.02

**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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. CMDI</b>		M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period
City TYSONS CORNER State VA Zip Code 22182		6.64
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.463
Candidate Name		Category/Type
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. CMDI</b>		M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period
City TYSONS CORNER State VA Zip Code 22182		502.77
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Transaction ID : SB17.466
Candidate Name		Category/Type
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. CMDI</b>		M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period
City TYSONS CORNER State VA Zip Code 22182		798.00
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Transaction ID : SB17.467
Candidate Name		Category/Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1307.41
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. COFFEE PLANET</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2014</b>
Mailing Address <b>140 GLEN ST</b>		Amount of Each Disbursement this Period <b>8.29</b>
City <b>GLENS FALLS</b> State <b>NY</b> Zip Code <b>12801</b>	Purpose of Disbursement <b>FOOD/BEVERAGES</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.477</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. CRANIAL SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>104 EVERETT RD STE A</b>		Amount of Each Disbursement this Period <b>12942.18</b>
City <b>ALBANY</b> State <b>NY</b> Zip Code <b>12205</b>	Purpose of Disbursement <b>PRINTING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.501</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. DAVE FEIDEN DIGITAL PHOTOGRAPHICS SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>1149 SOUTH COUNTRY CLUB DR</b>		Amount of Each Disbursement this Period <b>400.00</b>
City <b>NISKAYUNA</b> State <b>NY</b> Zip Code <b>12309</b>	Purpose of Disbursement <b>PHOTOGRAPHY SERVICE</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.498</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>13350.47</b>
<b>TOTAL</b> 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 76		
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address <b>311 CORNELIA ST</b>		Amount of Each Disbursement this Period <b>41.92</b>
City <b>PLATTSBURGH</b> State <b>NY</b> Zip Code <b>12901</b>	Category/Type	
Purpose of Disbursement <b>FOOD/BEVERAGES</b>	Candidate Name	<b>Transaction ID : SB17.478</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. EXPEDIA.COM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2014</b>
Mailing Address <b>333 108TH AVE NE</b>		Amount of Each Disbursement this Period <b>398.24</b>
City <b>BELLEVUE</b> State <b>WA</b> Zip Code <b>98004</b>	Category/Type	
Purpose of Disbursement <b>TRAVEL</b>	Candidate Name	<b>Transaction ID : SB17.517</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. EXPEDIA.COM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>333 108TH AVE NE</b>		Amount of Each Disbursement this Period <b>19.00</b>
City <b>BELLEVUE</b> State <b>WA</b> Zip Code <b>98004</b>	Category/Type	
Purpose of Disbursement <b>TRAVEL</b>	Candidate Name	<b>Transaction ID : SB17.523</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>459.16</b>
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. EXPEDIA.COM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>333 108TH AVE NE</b>		Amount of Each Disbursement this Period <b>19.00</b>
City <b>BELLEVUE</b> State <b>WA</b> Zip Code <b>98004</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.524</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. FAIRFIELD INN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2014</b>
Mailing Address <b>250 COMMERCE PARK DR</b>		Amount of Each Disbursement this Period <b>143.96</b>
City <b>WATERTOWN</b> State <b>NY</b> Zip Code <b>13601</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.507</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. FAIRFIELD INN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2014</b>
Mailing Address <b>250 COMMERCE PARK DR</b>		Amount of Each Disbursement this Period <b>143.96</b>
City <b>WATERTOWN</b> State <b>NY</b> Zip Code <b>13601</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.508</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>306.92</b>
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. FIRST NIAGARA BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 190.09 <b>Transaction ID : SB17.457</b>
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	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:	

Full Name (Last, First, Middle Initial) <b>B. FIRST NIAGARA BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 0.01 <b>Transaction ID : SB17.458</b>
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	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:	

Full Name (Last, First, Middle Initial) <b>C. GLENS FALLS PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 51 HUDSON AVE		Amount of Each Disbursement this Period 136.80 <b>Transaction ID : SB17.500</b>
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement PRINTING	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	326.80
<b>TOTAL</b> 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 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. GULF OIL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>1529 CRESCENT RD</b>		Amount of Each Disbursement this Period <b>73.95</b>
City <b>CLIFTON PARK</b> State <b>NY</b> Zip Code <b>12065</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name		Category/Type
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)	<b>Transaction ID : SB17.505</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GULF OIL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2014</b>
Mailing Address <b>1529 CRESCENT RD</b>		Amount of Each Disbursement this Period <b>30.65</b>
City <b>CLIFTON PARK</b> State <b>NY</b> Zip Code <b>12065</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name		Category/Type
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)	<b>Transaction ID : SB17.515</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GULF OIL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2014</b>
Mailing Address <b>1529 CRESCENT RD</b>		Amount of Each Disbursement this Period <b>47.00</b>
City <b>CLIFTON PARK</b> State <b>NY</b> Zip Code <b>12065</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name		Category/Type
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)	<b>Transaction ID : SB17.516</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>151.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 76	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. GULF OIL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address <b>1529 CRESCENT RD</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>CLIFTON PARK</b>	State <b>NY</b> Zip Code <b>12065</b>	
Purpose of Disbursement <b>TRAVEL</b>	Candidate Name	<b>Transaction ID : SB17.521</b>
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>B. GULF OIL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address <b>1529 CRESCENT RD</b>		Amount of Each Disbursement this Period <b>40.00</b>
City <b>CLIFTON PARK</b>	State <b>NY</b> Zip Code <b>12065</b>	
Purpose of Disbursement <b>TRAVEL</b>	Candidate Name	<b>Transaction ID : SB17.522</b>
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>C. HANNAFORD SUPERMARKET</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2014</b>
Mailing Address <b>175 BROAD ST</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>GLENS FALLS</b>	State <b>NY</b> Zip Code <b>12801</b>	
Purpose of Disbursement <b>FOOD/BEVERAGES</b>	Candidate Name	<b>Transaction ID : SB17.472</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. HANNAFORD SUPERMARKET</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 175 BROAD ST		Amount of Each Disbursement this Period 136.15
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.473
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. HANNAFORD SUPERMARKET</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 175 BROAD ST		Amount of Each Disbursement this Period 45.79
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.475
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. HANNAFORD SUPERMARKET</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 175 BROAD ST		Amount of Each Disbursement this Period 139.06
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.481
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	321.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 76		
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. I360 LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>PO BOX 37046</b>		Amount of Each Disbursement this Period <b>350.00</b> <b>Transaction ID : SB17.528</b>
City <b>BALTIMORE</b>	State <b>MD</b>	
Zip Code <b>21297</b>	Purpose of Disbursement <b>WEB SERVICE</b>	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:	

Full Name (Last, First, Middle Initial) <b>B. IMGE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>603 KING ST 4TH FL</b>		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : SB17.468</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	Purpose of Disbursement <b>DIGITAL CONSULTING</b>	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:	

Full Name (Last, First, Middle Initial) <b>C. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>4055 CORPORATE DR STE 100</b>		Amount of Each Disbursement this Period <b>29.11</b> <b>Transaction ID : SB17.504</b>
City <b>GRAPEVINE</b>	State <b>TX</b>	
Zip Code <b>76051</b>	Purpose of Disbursement <b>SUBSCRIPTIONS</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2879.11</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 76	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. JAMES E WALSH ESQ</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>20 CHURCH AVE</b>			Amount of Each Disbursement this Period <b>3750.00</b> Transaction ID : <b>SB17.482</b>
City <b>BALLSTON SPA</b>	State <b>NY</b>	Zip Code <b>12020</b>	
Purpose of Disbursement <b>LEGAL CONSULTING</b>		Candidate Name	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. LEE ENTERPRISES</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>201 N HARRISON ST</b>			Amount of Each Disbursement this Period <b>14.00</b> Transaction ID : <b>SB17.486</b>
City <b>DAVENPORT</b>	State <b>IA</b>	Zip Code <b>52801</b>	
Purpose of Disbursement <b>MEDIA</b>		Candidate Name	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>C. MEDIA AD VENTURES INC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2014</b>
Mailing Address <b>8136 OLD KEENE MILL RD STE A-300</b>			Amount of Each Disbursement this Period <b>115000.00</b> Transaction ID : <b>SB17.487</b>
City <b>SPRINGFIELD</b>	State <b>VA</b>	Zip Code <b>22152</b>	
Purpose of Disbursement <b>MEDIA</b>		Candidate Name	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>118764.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. MEDIAPASS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>12100 WILSHIRE BLVD #125</b>		Amount of Each Disbursement this Period <b>49.50</b> <b>Transaction ID : SB17.503</b>
City <b>LOS ANGELES</b> State <b>CA</b> Zip Code <b>90025</b>	Purpose of Disbursement <b>SUBSCRIPTIONS</b>	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL GRID</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2014</b>
Mailing Address <b>1535 PITKIN AVE</b>		Amount of Each Disbursement this Period <b>314.98</b> <b>Transaction ID : SB17.527</b>
City <b>BROOKLYN</b> State <b>NY</b> Zip Code <b>11212</b>	Purpose of Disbursement <b>UTILITIES</b>	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. PARKWAY EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address <b>154 ELM ST</b>		Amount of Each Disbursement this Period <b>41.00</b> <b>Transaction ID : SB17.510</b>
City <b>POTSDAM</b> State <b>NY</b> Zip Code <b>13676</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>405.48</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 76	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. RAMADA INN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address <b>1 ABBY LANE</b>		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.470</b>
City <b>QUEENSBURY</b> State <b>NY</b> Zip Code <b>12804</b>	Purpose of Disbursement <b>FACILITY RENTAL/CATERING</b>	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. RED OCTOBER PRODUCTIONS INC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>575 MAIN STREET STE 251</b>		Amount of Each Disbursement this Period <b>18399.14</b> <b>Transaction ID : SB17.485</b>
City <b>LAUREL</b> State <b>MD</b> Zip Code <b>20707</b>	Purpose of Disbursement <b>MEDIA</b>	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. RING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address <b>4223 ELMWAY DRIVE</b>		Amount of Each Disbursement this Period <b>8000.00</b> <b>Transaction ID : SB17.488</b>
City <b>TOLEDO</b> State <b>OH</b> Zip Code <b>43614</b>	Purpose of Disbursement <b>MESSAGE PHONE CALLS</b>	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>28399.14</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 76			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. ROCK HILL BAKEHOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 14 / 2014</b>
Mailing Address <b>19 EXCHANGE ST</b>			Amount of Each Disbursement this Period <b>9.58</b>
City <b>GLENS FALLS</b>	State <b>NY</b>	Zip Code <b>12801</b>	
Purpose of Disbursement <b>FOOD/BEVERAGES</b>		Candidate Name	Transaction ID : <b>SB17.479</b>
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. SAVORY DOWNTOWN</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2014</b>
Mailing Address <b>300 WASHINGTON ST</b>			Amount of Each Disbursement this Period <b>228.85</b>
City <b>WATERTOWN</b>	State <b>NY</b>	Zip Code <b>13601</b>	
Purpose of Disbursement <b>FACILITY RENTAL/CATERING</b>		Candidate Name	Transaction ID : <b>SB17.506</b>
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. STRATEGIC PARTNERS &amp; MEDIA INC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>575 MAIN ST STE 251</b>			Amount of Each Disbursement this Period <b>7107.30</b>
City <b>LAUREL</b>	State <b>MD</b>	Zip Code <b>20707</b>	
Purpose of Disbursement <b>MEDIA</b>		Candidate Name	Transaction ID : <b>SB17.484</b>
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)		Category/ Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7345.73</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 76	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2014</b>
Mailing Address <b>353 N PETERSBORO ST I-90</b>		Amount of Each Disbursement this Period <b>45.00</b>
City <b>CANASTOTA</b> State <b>NY</b> Zip Code <b>13032</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name		Category/Type
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)	<b>Transaction ID : SB17.511</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TALK OF THE TOWN RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>74 HUDSON AVE</b>		Amount of Each Disbursement this Period <b>98.65</b>
City <b>GLENS FALLS</b> State <b>NY</b> Zip Code <b>12801</b>	Purpose of Disbursement <b>FOOD/BEVERAGES</b>	
Candidate Name		Category/Type
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)	<b>Transaction ID : SB17.474</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TALK OF THE TOWN RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 10 / 2014</b>
Mailing Address <b>74 HUDSON AVE</b>		Amount of Each Disbursement this Period <b>71.15</b>
City <b>GLENS FALLS</b> State <b>NY</b> Zip Code <b>12801</b>	Purpose of Disbursement <b>FOOD/BEVERAGES</b>	
Candidate Name		Category/Type
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)	<b>Transaction ID : SB17.476</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>214.80</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 76	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)  
**A. TALK OF THE TOWN RESTAURANT**

Mailing Address **74 HUDSON AVE**

City **GLENS FALLS** State **NY** Zip Code **12801**

Purpose of Disbursement **FOOD/BEVERAGES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 14 / 2014**

Amount of Each Disbursement this Period: **99.25**

Transaction ID : **SB17.480**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. TAXI MAGIC**

Mailing Address **5904 RICHMOND HWY**

City **ALEXANDRIA** State **VA** Zip Code **22303**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 03 / 2014**

Amount of Each Disbursement this Period: **9.60**

Transaction ID : **SB17.509**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. TAXI MAGIC**

Mailing Address **5904 RICHMOND HWY**

City **ALEXANDRIA** State **VA** Zip Code **22303**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **10 / 06 / 2014**

Amount of Each Disbursement this Period: **14.90**

Transaction ID : **SB17.513**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **123.75**

**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 66 OF 76	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)  
**A. THE POLITICAL NETWORK**

Mailing Address 225 EAST 85TH STREET STE 306

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 05 / 2014

Amount of Each Disbursement this Period: 2757.57

Transaction ID : SB17.469

Full Name (Last, First, Middle Initial)  
**B. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 05 / 2014

Amount of Each Disbursement this Period: 7951.55

Transaction ID : SB17.471

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

Mailing Address 182 HOWARD ST STE #8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 7.80

Transaction ID : SB17.518

**SUBTOTAL** of Disbursements This Page (optional) ..... 10716.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 76		
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 182 HOWARD ST STE #8		Amount of Each Disbursement this Period 17.90 <b>Transaction ID : SB17.519</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRAVEL	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:	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 233 SOUTH WACKER DR		Amount of Each Disbursement this Period 185.60 <b>Transaction ID : SB17.525</b>
City CHICAGO	State IL	
Zip Code 60606	Purpose of Disbursement TRAVEL	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:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 8.50 <b>Transaction ID : SB17.514</b>
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	212.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 76		
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 270.81 <b>Transaction ID : SB17.526</b>
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL	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:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 38.04 <b>Transaction ID : SB17.499</b>
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	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:	

Full Name (Last, First, Middle Initial) <b>C. VALERO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 594 DELAWARE AVE		Amount of Each Disbursement this Period 55.67 <b>Transaction ID : SB17.520</b>
City DELMAR	State NY	
Zip Code 12054	Purpose of Disbursement TRAVEL	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	270.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 76	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. WILEY REIN LLP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2014</b>
Mailing Address <b>1776 K ST NW</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>WASHINGTON</b>	State <b>DC</b> Zip Code <b>20006</b>	
Purpose of Disbursement <b>LEGAL CONSULTING</b>	Candidate Name	<b>Transaction ID : SB17.483</b>
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>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>215709.77</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 76			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>320 1ST STREET SE</b>			Amount of Each Disbursement this Period <b>15500.00</b> <b>Transaction ID : SB21.567</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	
Purpose of Disbursement <b>TRANSFER OF EXCESS CAMPAIGN FUNDS</b>		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: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <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: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>15500.00</b>

**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)  
Elise for Congress

Transaction ID : SC/10.5374

LOAN SOURCE Full Name (Last, First, Middle Initial)  
ELISE M STEFANIK

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 17

City State ZIP Code  
WILLSBORO NY 12996

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
15000.00 0.00 15000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 24 / 2013 M M / D D / ON DEMAND 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)..... ▶ 15000.00

**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.

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

Form/Schedule: SC/10

Transaction ID : SC/10.5374

The interest rate for Candidate's Loan is none. The Commission's software specifications do not permit text in the interest rate fields on Schedule C.

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Elise for Congress** Transaction ID : **SC.1234**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Elise M. Stefanik</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 17	

City	State	ZIP Code
Willsboro	NY	12996

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 30 / Y 2014 Y	M M / D D / ON DEMAND Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	35000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC.1234

The interest rate for Candidate's Loan is none. The Commission's software specifications do not permit text in the interest rate fields on Schedule C.

Form/Schedule:

Transaction ID:

**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  10

NAME OF COMMITTEE (In Full)

**Elise for Congress**

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

Mailing Address 104 EVERETT RD STE A

City State Zip Code  
 ALBANY NY 12205

Nature of Debt (Purpose):  
**PRINTING**

Outstanding Balance Beginning This Period **Transaction ID : SD.567**  
 12942.18

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 12942.18 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**RED OCTOBER PRODUCTIONS INC**

Mailing Address 575 MAIN ST STE 251

City State Zip Code  
 LAUREL MD 20707

Nature of Debt (Purpose):  
**MEDIA**

Outstanding Balance Beginning This Period **Transaction ID : SD.5678**  
 18399.14

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 2472.50 18399.14 2472.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**STRATEGIC PARTNERS & MEDIA INC**

Mailing Address 575 MAIN ST SUITE 251

City State Zip Code  
 LAUREL MD 20707

Nature of Debt (Purpose):  
**MEDIA**

Outstanding Balance Beginning This Period **Transaction ID : SD.11234**  
 7107.30

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 7107.30 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	2472.50
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		

**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  
 10

NAME OF COMMITTEE (In Full)

**Elise for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**WILEY REIN LLP**

Mailing Address 1776 K ST NW

City State Zip Code  
 WASHINGTON DC 20006

Nature of Debt (Purpose):  
**LEGAL CONSULTING**

Outstanding Balance Beginning This Period **Transaction ID : SD10.34**

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

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="2472.50"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="35000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="37472.50"/>