

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. BOX 511
 Check if different than previously reported. (ACC) CHESTER NY 10918

2. **FEC IDENTIFICATION NUMBER** C C00466490 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NY 18

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
11 / 25 / 2014 through 12 / 31 / 2014

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

Type or Print Name of Treasurer BRADLEY T. CRATE

Signature of Treasurer BRADLEY T. CRATE [Electronically Filed] Date M M / D D / Y Y Y Y
01 / 31 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

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)).... | 95.00 | 2859722.84 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 38885.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 95.00 | 2820837.84 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 53985.59 | 3386974.81 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 5894.88 | 16992.25 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 48090.71 | 3369982.56 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 119210.56 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 1170319.48 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 1378810.91 |
| (ii) Unitemized..... | 95.00 | 70098.39 |
| (iii) TOTAL of contributions from individuals ▶ | 95.00 | 1448909.30 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 327264.43 |
| (d) The Candidate..... | 0.00 | 1083549.11 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 95.00 | 2859722.84 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 18005.49 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 632060.84 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 632060.84 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 5894.88 | 16992.25 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 51.09 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 5989.88 | 3526832.51 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 53985.59 | 3386974.81 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 63500.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 63500.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 33885.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 5000.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 38885.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 53985.59 | 3489359.81 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 167206.27 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 5989.88 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 173196.15 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 53985.59 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 119210.56 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 44 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

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

Mailing Address **300 WESTAGE BUS. CENTER, STE 130**

City **FISHKILL** State **NY** Zip Code **12524**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **5894.88**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 01 / 2014

Transaction ID : SA14.19615

Amount of Each Receipt this Period
 _____ **5894.88**

VENDOR REFUND: OVERPAYMENT

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

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

Amount of Each Receipt this Period

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

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

_____ **5894.88**

_____ **5894.88**

**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 6 OF 44 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ADOBE | | Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014 |
| Mailing Address 345 PARK AVE | | Amount of Each Disbursement this Period 637.37 |
| City SAN JOSE | State CA | |
| Zip Code 95110 | Purpose of Disbursement AMEX 12/1 PAYMENT: SOFTWARE | Transaction ID : SB17.19675 |
| Candidate Name | Category/ Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. AMERICANA DINER | | Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014 |
| Mailing Address 420 RT 211 W | | Amount of Each Disbursement this Period 30.22 |
| City MIDDLETOWN | State NY | |
| Zip Code 10940 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FOOD | Transaction ID : SB17.19654 |
| Candidate Name | Category/ Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address P. O. BOX 1270 | | Amount of Each Disbursement this Period 17873.02 |
| City NEWARK | State NJ | |
| Zip Code 07101 | Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES | Transaction ID : SB17.19619 |
| Candidate Name | Category/ Type | |
| 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) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 17873.02 |
| 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 7 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS SERVICES | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014 | |
| Mailing Address 3 WORLD FINANCIAL CENTER | | | Amount of Each Disbursement this Period 1659.70 | |
| City NEW YORK | State NY | Zip Code 10285 | Transaction ID : SB17.19620 | |
| Purpose of Disbursement MERCHANT FEES | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS SERVICES | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014 | |
| Mailing Address 3 WORLD FINANCIAL CENTER | | | Amount of Each Disbursement this Period 250.00 | |
| City NEW YORK | State NY | Zip Code 10285 | Transaction ID : SB17.19621 | |
| Purpose of Disbursement MERCHANT FEES | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. ALEXANDER ARZOUMANOV | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014 | |
| Mailing Address 56 COUNTRY CLUB DRIVE | | | Amount of Each Disbursement this Period 4000.00 | |
| City FLORIDA | State NY | Zip Code 10921 | Transaction ID : SB17.19635 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| 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) | | | |
| State: District: | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5909.70 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 8 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. ALEXANDER ARZOUMANOV | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 | |
| Mailing Address 56 COUNTRY CLUB DRIVE | | | Amount of Each Disbursement this Period 4000.00 | |
| City FLORIDA | State NY | Zip Code 10921 | Transaction ID : SB17.19639 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| 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) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. ALEXANDER ARZOUMANOV | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014 | |
| Mailing Address 56 COUNTRY CLUB DRIVE | | | Amount of Each Disbursement this Period 4000.00 | |
| City FLORIDA | State NY | Zip Code 10921 | Transaction ID : SB17.19643 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| 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) | | | |
| State: District: | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. ATLAS STAR | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014 | |
| Mailing Address P.O BOX 436 | | | Amount of Each Disbursement this Period 449.99 | |
| City FISHKILL | State NY | Zip Code 12524 | Transaction ID : SB17.19622 | |
| Purpose of Disbursement EQUIPMENT RENTAL | | Category/ Type | | |
| 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) | | | |
| State: District: | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8449.99 |
| 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 9 OF 44 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. NICHOLAS BIBLIS | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014 | | |
| Mailing Address 182 COUNTRY CLUB DRIVE | | | Amount of Each Disbursement this Period 1500.00 | | |
| City FLORIDA | State NY | Zip Code 10921 | Transaction ID : SB17.19633 | | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. NICHOLAS BIBLIS | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 | | |
| Mailing Address 182 COUNTRY CLUB DRIVE | | | Amount of Each Disbursement this Period 1500.00 | | |
| City FLORIDA | State NY | Zip Code 10921 | Transaction ID : SB17.19637 | | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. NICHOLAS BIBLIS | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014 | | |
| Mailing Address 182 COUNTRY CLUB DRIVE | | | Amount of Each Disbursement this Period 1500.00 | | |
| City FLORIDA | State NY | Zip Code 10921 | Transaction ID : SB17.19641 | | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 10 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CAFA METRO | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014 |
| Mailing Address 839 7TH AVE | | Amount of Each Disbursement this Period 7.07 |
| City NEW YORK | State NY | |
| Zip Code 10105 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FOOD | Transaction ID : SB17.19700 |
| Candidate Name | Category/ Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHESTER DINER | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014 |
| Mailing Address 67 BROOKSIDE AVE | | Amount of Each Disbursement this Period 52.92 |
| City CHESTER | State NY | |
| Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: MEETING EXPENSE: MEAL | Transaction ID : SB17.19715 |
| Candidate Name | Category/ Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014 |
| Mailing Address 1593 SPRING HILL RD SUITE 400 | | Amount of Each Disbursement this Period 1469.75 |
| City TYSONS CORNER | State VA | |
| Zip Code 22182 | Purpose of Disbursement AMEX 12/1 PAYMENT: MERCHANT FEE | Transaction ID : SB17.19652 |
| Candidate Name | Category/ Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 11 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2014 |
| Mailing Address 1593 SPRING HILL RD SUITE 400 | | Amount of Each Disbursement this Period 1030.72 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: MERCHANT FEE | | Transaction ID : SB17.19651 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014 |
| Mailing Address 1593 SPRING HILL RD SUITE 400 | | Amount of Each Disbursement this Period 302.84 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: MERCHANT FEE | | Transaction ID : SB17.19650 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014 |
| Mailing Address 1593 SPRING HILL RD SUITE 400 | | Amount of Each Disbursement this Period 800.00 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: COMPLIANCE SOFTWARE | | Transaction ID : SB17.19649 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 12 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2014 |
| Mailing Address 1593 SPRING HILL RD SUITE 400 | | Amount of Each Disbursement this Period 1.50 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: MERCHANT FEE | | Transaction ID : SB17.19648 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CUMBERLAND FARMS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014 |
| Mailing Address 100 CROSSING BLVD | | Amount of Each Disbursement this Period 61.18 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | | Transaction ID : SB17.19685 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CVS PHARMACY | | Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014 |
| Mailing Address 720 BROOKSIDE AVENUE | | Amount of Each Disbursement this Period 4.87 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: OFFICE SUPPLIES | | Transaction ID : SB17.19708 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CVS PHARMACY | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014 |
| Mailing Address 720 BROOKSIDE AVENUE | | Amount of Each Disbursement this Period 10.66 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: OFFICE SUPPLIES | | Transaction ID : SB17.19684 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CVS PHARMACY | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014 |
| Mailing Address 720 BROOKSIDE AVENUE | | Amount of Each Disbursement this Period 9.47 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: OFFICE SUPPLIES | | Transaction ID : SB17.19679 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CVS PHARMACY | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014 |
| Mailing Address 720 BROOKSIDE AVENUE | | Amount of Each Disbursement this Period 9.99 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: OFFICE SUPPLIES | | Transaction ID : SB17.19680 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 14 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CVS PHARMACY | | Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014 |
| Mailing Address 720 BROOKSIDE AVENUE | | Amount of Each Disbursement this Period 8.76 |
| City CHESTER | State NY | |
| Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: OFFICE SUPPLIES | Transaction ID : SB17.19657 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ELAVON MERCHANT SERVICES | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address 1 CONCOURSE PARKWAY | | Amount of Each Disbursement this Period 1407.99 |
| City ATLANTA | State GA | |
| Zip Code 30328 | Purpose of Disbursement MERCHANT FEES | Transaction ID : SB17.19623 |
| Candidate Name | Category/Type | |
| 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) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ELAVON MERCHANT SERVICES | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014 |
| Mailing Address 1 CONCOURSE PARKWAY | | Amount of Each Disbursement this Period 10.02 |
| City ATLANTA | State GA | |
| Zip Code 30328 | Purpose of Disbursement MERCHANT FEES | Transaction ID : SB17.19624 |
| Candidate Name | Category/Type | |
| 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) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1418.01 |
| 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 15 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. EXXON MOBIL | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014 |
| Mailing Address 20 E. MAIN STREET | | Amount of Each Disbursement this Period 44.09 |
| City WALDEN State NY Zip Code 12586 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | |
| Candidate Name | | Transaction ID : SB17.19681 [MEMO ITEM] |
| 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) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. EXXON MOBIL | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014 |
| Mailing Address 20 E. MAIN STREET | | Amount of Each Disbursement this Period 65.57 |
| City WALDEN State NY Zip Code 12586 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | |
| Candidate Name | | Transaction ID : SB17.19678 [MEMO ITEM] |
| 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) | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. EXXON MOBIL | | Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014 |
| Mailing Address 75 BROOKSIDE AVE | | Amount of Each Disbursement this Period 47.72 |
| City CHESTER State NY Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | |
| Candidate Name | | Transaction ID : SB17.19673 [MEMO ITEM] |
| 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) | |
| State: District: | Category/Type | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 16 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. CONNOR P. GILLIS | | Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014 |
| Mailing Address 39 1/2 WATKINS AVE. | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.19634 |
| City MIDDLETOWN | State NY | |
| Zip Code 10940 | Purpose of Disbursement PAYROLL | Category/ Type |
| 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) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. CONNOR P. GILLIS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014 |
| Mailing Address 39 1/2 WATKINS AVE. | | Amount of Each Disbursement this Period -1487.17 Transaction ID : SB17.19617 |
| City MIDDLETOWN | State NY | |
| Zip Code 10940 | Purpose of Disbursement VOIDED CHECK | Category/ Type |
| 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) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. CONNOR P. GILLIS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014 |
| Mailing Address 39 1/2 WATKINS AVE. | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.19638 |
| City MIDDLETOWN | State NY | |
| Zip Code 10940 | Purpose of Disbursement PAYROLL | Category/ Type |
| 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) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3512.83 |
| 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 17 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. CONNOR P. GILLIS | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014 | |
| Mailing Address 39 1/2 WATKINS AVE. | | | Amount of Each Disbursement this Period 2500.00 | |
| City MIDDLETOWN | State NY | Zip Code 10940 | Transaction ID : SB17.19642 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | | |
| 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) | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. GOSHEN DINER | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014 | |
| Mailing Address 118 CLOWES AVE | | | Amount of Each Disbursement this Period 36.00 | |
| City GOSHEN | State NY | Zip Code 10924 | Transaction ID : SB17.19717 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FOOD | | Category/ Type | [MEMO ITEM] | |
| 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) | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. HALSTON MEDIA | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014 | |
| Mailing Address 572 US 6 STE 2 | | | Amount of Each Disbursement this Period 740.00 | |
| City MAHOPAC | State NY | Zip Code 10541 | Transaction ID : SB17.19690 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: PRINT ADVERTISING | | Category/ Type | [MEMO ITEM] | |
| 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) | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 18 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. HELLO DIRECT INC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 77 NORTHEASTERN BLVD | | Amount of Each Disbursement this Period 893.25 |
| City NASHUA | State NH Zip Code 03062 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: OFFICE EQUIPMENT | | Transaction ID : SB17.19726 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MEDIA SOLSTICE MARKETING AND PUBLIC RELATIONS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014 |
| Mailing Address 158 PIKE ST SUITE 5 | | Amount of Each Disbursement this Period 4970.00 |
| City PORT JERVIS | State NY Zip Code 12771 | |
| Purpose of Disbursement DIGITAL CONSULTING | | Transaction ID : SB17.19626 |
| 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) | Category/Type |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. SAMANTHA MENH | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014 |
| Mailing Address 4329 LELAND ST. | | Amount of Each Disbursement this Period 1429.44 |
| City CHEVY CHASE | State MD Zip Code 20815 | |
| Purpose of Disbursement MILEAGE | | Transaction ID : SB17.19628 |
| 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) | Category/Type |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 6399.44 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 20 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. PAYCHEX | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014 |
| Mailing Address 300 WESTAGE BUS. CENTER, STE 130 | | Amount of Each Disbursement this Period 500.56 Transaction ID : SB17.19640 |
| City FISHKILL State NY Zip Code 12524 | Purpose of Disbursement PAYROLL TAXES & SERVICES | |
| Candidate Name | Category/Type | |
| 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) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. PRET A MANGER | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014 |
| Mailing Address 11 WEST 42ND ST | | Amount of Each Disbursement this Period 3.90 Transaction ID : SB17.19702 |
| City NEW YORK State NY Zip Code 10036 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FOOD | |
| Candidate Name | Category/Type | |
| 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) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. QUICK CHEK | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014 |
| Mailing Address 172 NORTH MAIN ST | | Amount of Each Disbursement this Period 8.84 Transaction ID : SB17.19686 |
| City FLORIDA State NY Zip Code 10921 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FOOD | |
| Candidate Name | Category/Type | |
| 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) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 500.56 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 21 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. QUICK CHEK | | Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014 |
| Mailing Address 172 NORTH MAIN ST | | Amount of Each Disbursement this Period 45.00 |
| City FLORIDA | State NY | |
| Zip Code 10921 | | Transaction ID : SB17.19663 |
| Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | | |
| Candidate Name | | [MEMO ITEM] |
| 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) | |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. QUICK CHEK | | Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2014 |
| Mailing Address 172 NORTH MAIN ST | | Amount of Each Disbursement this Period 21.60 |
| City FLORIDA | State NY | |
| Zip Code 10921 | | Transaction ID : SB17.19662 |
| Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | | |
| Candidate Name | | [MEMO ITEM] |
| 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) | |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. QUICK CHEK | | Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014 |
| Mailing Address 172 NORTH MAIN ST | | Amount of Each Disbursement this Period 39.56 |
| City FLORIDA | State NY | |
| Zip Code 10921 | | Transaction ID : SB17.19659 |
| Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | | |
| Candidate Name | | [MEMO ITEM] |
| 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) | |
| State: _____ | District: _____ | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 22 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SHELL OIL | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 |
| Mailing Address 70 BROOKSIDE AVE | | Amount of Each Disbursement this Period 25.02 |
| City CHESTER | State NY | |
| Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | Transaction ID : SB17.19703 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| 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) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SHELL OIL | | Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014 |
| Mailing Address 70 BROOKSIDE AVE | | Amount of Each Disbursement this Period 30.57 |
| City CHESTER | State NY | |
| Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | Transaction ID : SB17.19693 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| 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) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. SHELL OIL | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014 |
| Mailing Address 70 BROOKSIDE AVE | | Amount of Each Disbursement this Period 68.68 |
| City CHESTER | State NY | |
| Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | Transaction ID : SB17.19718 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| 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) | |
| State: District: | | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 23 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. SHELL OIL

Full Name (Last, First, Middle Initial)
Mailing Address 70 BROOKSIDE AVE

City CHESTER State NY Zip Code 10918

Purpose of Disbursement
AMEX 12/1 PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 31 / 2014

Amount of Each Disbursement this Period
33.64

Transaction ID : SB17.19683

[MEMO ITEM]

B. SHELL OIL

Full Name (Last, First, Middle Initial)
Mailing Address 70 BROOKSIDE AVE

City CHESTER State NY Zip Code 10918

Purpose of Disbursement
AMEX 12/1 PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 13 / 2014

Amount of Each Disbursement this Period
17.00

Transaction ID : SB17.19664

[MEMO ITEM]

C. SHELL OIL

Full Name (Last, First, Middle Initial)
Mailing Address 70 BROOKSIDE AVE

City CHESTER State NY Zip Code 10918

Purpose of Disbursement
AMEX 12/1 PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 13 / 2014

Amount of Each Disbursement this Period
45.97

Transaction ID : SB17.19665

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 24 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SHOPRITE | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 78 BROOKSIDE AVENUE SUITE 122 | | Amount of Each Disbursement this Period 22.16 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FOOD | | Transaction ID : SB17.19711 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2014 | [MEMO ITEM] |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SHOPRITE | | Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014 |
| Mailing Address 78 BROOKSIDE AVENUE SUITE 122 | | Amount of Each Disbursement this Period 22.16 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FOOD | | Transaction ID : SB17.19687 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2014 | [MEMO ITEM] |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. SOCIAL ON 6 | | Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014 |
| Mailing Address 944 RTE 6 | | Amount of Each Disbursement this Period 58.60 |
| City MAHOPAC | State NY Zip Code 10541 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: MEETING EXPENSE: MEAL | | Transaction ID : SB17.19667 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2014 | [MEMO ITEM] |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 25 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. STAPLES | | Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014 |
| Mailing Address 350 N. BEDFORD ROAD | | Amount of Each Disbursement this Period 48.65 |
| City MOUNT KISCO State NY Zip Code 10549 | Purpose of Disbursement AMEX 12/1 PAYMENT: OFFICE SUPPLIES | |
| Candidate Name | Category/Type | Transaction ID : SB17.19705 [MEMO ITEM] |
| 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) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. STRAUS NEWS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 |
| Mailing Address 20 WEST AVE | | Amount of Each Disbursement this Period 881.10 |
| City CHESTER State NY Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: PRINT ADVERTISING | |
| Candidate Name | Category/Type | Transaction ID : SB17.19723 [MEMO ITEM] |
| 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) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. STRAUS NEWS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014 |
| Mailing Address 20 WEST AVE | | Amount of Each Disbursement this Period 881.10 |
| City CHESTER State NY Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: PRINT ADVERTISING | |
| Candidate Name | Category/Type | Transaction ID : SB17.19721 [MEMO ITEM] |
| 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) | State: District: | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 26 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. STRAUS NEWS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014 |
| Mailing Address 20 WEST AVE | | Amount of Each Disbursement this Period 1462.20 |
| City CHESTER | State NY | |
| Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: PRINT ADVERTISING | Transaction ID : SB17.19720 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SUNOCO | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014 |
| Mailing Address 68 BROOKSIDE AVENUE | | Amount of Each Disbursement this Period 58.51 |
| City CHESTER | State NY | |
| Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FUEL | Transaction ID : SB17.19722 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. TACO BELL | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014 |
| Mailing Address 85 BROOKSIDE AVE | | Amount of Each Disbursement this Period 39.08 |
| City CHESTER | State NY | |
| Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: TRAVEL: FOOD | Transaction ID : SB17.19713 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 27 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. TELE TOWN HALL

Full Name (Last, First, Middle Initial)
Mailing Address 4600 NORTH FAIRFAX DR
STE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
AMEX 12/1 PAYMENT: COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
4800.00

Transaction ID : SB17.19669

[MEMO ITEM]

B. THE HOME DEPOT

Full Name (Last, First, Middle Initial)
Mailing Address 3470 NORTH RD

City POUGHKEEPSIE State NY Zip Code 12601

Purpose of Disbursement
AMEX 12/1 PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
19.44

Transaction ID : SB17.19707

[MEMO ITEM]

C. THE SCARSDALE INQUIRER

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 418
14 HARWOOD CT

City SCARSDALE State NY Zip Code 10583

Purpose of Disbursement
AMEX 12/1 PAYMENT: PRINT ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 20 / 2014

Amount of Each Disbursement this Period
788.44

Transaction ID : SB17.19697

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 44 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. THE SENTINEL | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 |
| Mailing Address 36 MERILINE AVE | | Amount of Each Disbursement this Period 171.60 |
| City NEW WINDSOR | State NY | |
| Zip Code 12553 | Purpose of Disbursement AMEX 12/1 PAYMENT: PRINT ADVERTISING | Transaction ID : SB17.19704 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. THE SENTINEL | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014 |
| Mailing Address 36 MERILINE AVE | | Amount of Each Disbursement this Period 171.60 |
| City NEW WINDSOR | State NY | |
| Zip Code 12553 | Purpose of Disbursement AMEX 12/1 PAYMENT: PRINT ADVERTISING | Transaction ID : SB17.19695 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. THE UPS STORE | | Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014 |
| Mailing Address 1 BLACK MEADOW RD | | Amount of Each Disbursement this Period 80.55 |
| City CHESTER | State NY | |
| Zip Code 10918 | Purpose of Disbursement AMEX 12/1 PAYMENT: POSTAGE | Transaction ID : SB17.19661 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 29 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) A. TRUST U/L/W/T/O ANDREW PALMER | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014 | |
| Mailing Address P.O. BOX 489 | | | Amount of Each Disbursement this Period 1000.00 | |
| City CHESTER | State NY | Zip Code 10918 | Transaction ID : SB17.19629 | |
| Purpose of Disbursement RENT | | Candidate Name | Category/ Type | |
| 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) | |
| State: District: | | | | |

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) B. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 | |
| Mailing Address 76 BROOKSIDE AVE | | | Amount of Each Disbursement this Period 16.95 | |
| City CHESTER | State NY | Zip Code 10918 | Transaction ID : SB17.19712 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: POSTAGE | | Candidate Name | Category/ Type | |
| 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) | |
| State: District: | | [MEMO ITEM] | | |

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) C. USPS | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014 | |
| Mailing Address 76 BROOKSIDE AVE | | | Amount of Each Disbursement this Period 16.95 | |
| City CHESTER | State NY | Zip Code 10918 | Transaction ID : SB17.19709 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: POSTAGE | | Candidate Name | Category/ Type | |
| 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) | |
| State: District: | | [MEMO ITEM] | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 30 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014 |
| Mailing Address 76 BROOKSIDE AVE | | Amount of Each Disbursement this Period 98.00 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: POSTAGE | | Transaction ID : SB17.19710 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014 |
| Mailing Address 76 BROOKSIDE AVE | | Amount of Each Disbursement this Period 16.95 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: POSTAGE | | Transaction ID : SB17.19688 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014 |
| Mailing Address 76 BROOKSIDE AVE | | Amount of Each Disbursement this Period 16.95 |
| City CHESTER | State NY Zip Code 10918 | |
| Purpose of Disbursement AMEX 12/1 PAYMENT: POSTAGE | | Transaction ID : SB17.19682 |
| 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) | [MEMO ITEM] |
| State: District: | Category/Type | |

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

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 44 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. USPS

Full Name (Last, First, Middle Initial)
Mailing Address 76 BROOKSIDE AVE

City CHESTER State NY Zip Code 10918

Purpose of Disbursement AMEX 12/1 PAYMENT: POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 16.95

Transaction ID : SB17.19671

[MEMO ITEM]

B. VALERIA'S RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 1700 NEW YORK 17M

City GOSHEN State NY Zip Code 10924

Purpose of Disbursement AMEX 12/1 PAYMENT: MEETING EXPENSE: MEAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 05 / 2014

Amount of Each Disbursement this Period: 39.00

Transaction ID : SB17.19677

[MEMO ITEM]

C. VERIZON

Full Name (Last, First, Middle Initial)
Mailing Address P. O. BOX 15124

City ALBANY State NY Zip Code 12212

Purpose of Disbursement BROADBAND SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 04 / 2014

Amount of Each Disbursement this Period: 835.12

Transaction ID : SB17.19630

SUBTOTAL of Disbursements This Page (optional) 835.12

TOTAL This Period (last page this line number only)

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 32 OF 44 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014 |
| Mailing Address 1 VERIZON WAY | | Amount of Each Disbursement this Period 21.61 |
| City BASKING RIDGE | State NJ | |
| Zip Code 07920 | Purpose of Disbursement AMEX 12/1 PAYMENT: MOBILE PHONE EXPENSE | Transaction ID : SB17.19724 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. WAPPINGERS FALLS SHOPPER | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014 |
| Mailing Address 84 EAST MAIN ST | | Amount of Each Disbursement this Period 750.00 |
| City WAPPINGERS FALLS | State NY | |
| Zip Code 12590 | Purpose of Disbursement AMEX 12/1 PAYMENT: PRINT ADVERTISING | Transaction ID : SB17.19698 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. WAPPINGERS FALLS SHOPPER | | Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014 |
| Mailing Address 84 EAST MAIN ST | | Amount of Each Disbursement this Period 750.00 |
| City WAPPINGERS FALLS | State NY | |
| Zip Code 12590 | Purpose of Disbursement AMEX 12/1 PAYMENT: PRINT ADVERTISING | Transaction ID : SB17.19692 |
| Candidate Name | Category/Type | |
| 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) | [MEMO ITEM] |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 53904.30 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5177**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH | [PERSONAL FUNDS] | Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 394 | | |

| | | |
|----------|-------|----------|
| City | State | ZIP Code |
| FISHKILL | NY | 12524 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 110000.00 | 48000.00 | 62000.00 |

| | | | | | |
|----------------------|---------------------|---------------|---------------|---------------|---|
| TERMS | | Date Incurred | Date Due | Interest Rate | Secured: |
| M 09 / D 26 / Y 2009 | M M / D D / Y Y Y Y | | DUE ON DEMAND | 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: [] |

| | | |
|---|---|----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 62000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5180**

LOAN SOURCE Full Name (Last, First, Middle Initial) **NAN HAYWORTH** *[PERSONAL FUNDS]* Election: 2010
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 394

City State ZIP Code
 FISHKILL NY 12524

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

TERMS

Date Incurred: M 09 / D 30 / Y 2009
 Date Due: M M / D D / Y Y Y Y **DUE ON DEMAND**
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 40000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5181**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH | [PERSONAL FUNDS] | Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 394 | | |

| | | |
|----------|-------|----------|
| City | State | ZIP Code |
| FISHKILL | NY | 12524 |

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

| | | | | |
|--------------|----------------------|-------------------------|---------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | M 12 / D 31 / Y 2009 | M / D / Y DUE ON DEMAND | 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: [] |

| | | |
|---|---|-----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 100000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5183

FRIENDS OF NAN HAYWORTH

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

[PERSONAL FUNDS]

Election: 2010

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000.00 15500.00 134500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03 / 31 / 2010

DUE 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)..... 134500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5184**

LOAN SOURCE Full Name (Last, First, Middle Initial) **NAN HAYWORTH** *[PERSONAL FUNDS]* Election: 2010
 Primary
 General
 Other (specify) ▼

Mailing Address PO BOX 394
 City FISHKILL State NY ZIP Code 12524

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

TERMS
 Date Incurred: M 06 / D 30 / Y 2010
 Date Due: M M / D D / Y DUE ON DEMAND
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 100000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4731

FRIENDS OF NAN HAYWORTH

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

NAN HAYWORTH

Election: 2012

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 29 / 2012

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

100000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.4782**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH | Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 394 | |

| | | |
|----------|-------|----------|
| City | State | ZIP Code |
| FISHKILL | NY | 12524 |

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

TERMS

| | | | |
|----------------------|-------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 12 / D 18 / Y 2012 | M / D / ON DEMAND | 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: [] |

| | | |
|--|---|----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 10033.45 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4783

FRIENDS OF NAN HAYWORTH

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

NAN HAYWORTH

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

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

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 21 / Y 2012 M M / D D / Y DUE 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)..... ▶ 63500.00
TOTALS This Period (last page in this line only)..... ▶ []

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

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5187

FRIENDS OF NAN HAYWORTH

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

[PERSONAL FUNDS]

Election: 2012

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04 / 22 / 2013

DUE 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)..... ▶

50000.00

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

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

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

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.14516**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) NAN HAYWORTH | [PERSONAL FUNDS] | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 394 | | |

| | | |
|----------|-------|----------|
| City | State | ZIP Code |
| FISHKILL | NY | 12524 |

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

TERMS

| | | | |
|----------------|---------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 09 / 30 / 2013 | DUE ON DEMAND | 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: [] |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional)..... | 8527.39 |
| TOTALS This Period (last page in this line only)..... | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.16432

FRIENDS OF NAN HAYWORTH

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

[PERSONAL FUNDS]

Election: 2014

NAN HAYWORTH

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 394

City State ZIP Code
FISHKILL NY 12524

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

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 30 / 2014 DUE 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)..... 500000.00
TOTALS This Period (last page in this line only)..... 1168560.84

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

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

Mailing Address 117 NORTH SAINT ASAPH STREET

City State Zip Code
ALEXANDRIA VA 22314

Nature of Debt (Purpose):
DIGITAL CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.16433**
1758.64

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

| | |
|--|------------|
| 1) SUBTOTALS This Period This Page (optional) | 1758.64 |
| 2) TOTALS This Period (last page this line number only) | 1758.64 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 1168560.84 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 1170319.48 |