

# 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

Himes for Congress

ADDRESS (number and street)

857 Post Road, #312

Check if different than previously reported. (ACC)

Fairfield

CT

06824

2. FEC IDENTIFICATION NUMBER ▼

C C00434191

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CT

04

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

05

14

2014

in the State of

CT

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2014

through

04

24

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 Kathleen DiGennaro Warner

Signature of Treasurer Kathleen DiGennaro Warner

[Electronically Filed]

Date

05

02

2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	44886.24	1611077.63
(b) Total Contribution Refunds (from Line 20(d)) .....	400.00	9650.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44486.24	1601427.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	52999.17	800486.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	93.75	15974.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	52905.42	784512.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1420007.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Himes for Congress

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).....	15900.00	915102.47
(ii) Unitemized.....	984.00	50039.06
(iii) TOTAL of contributions from individuals ▶	16884.00	965141.53
(b) Political Party Committees.....	2.24	4.87
(c) Other Political Committees (such as PACs).....	28000.00	645931.23
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	44886.24	1611077.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	93.75	15974.26
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	1615.50
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	44979.99	1628667.39

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52999.17	800486.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	270001.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	270001.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	400.00	1150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	400.00	9650.00
21. OTHER DISBURSEMENTS .....	0.00	45671.99
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	53399.17	1125809.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1428426.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	44979.99
25. SUBTOTAL (add Line 23 and Line 24).....	1473406.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53399.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1420007.52

**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 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Alfonso F Barbarotta**

Mailing Address 28 Unity Drive

City Trumbull State CT Zip Code 06611-4929

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

Name of Employer AFB Construction Occupation Construction/Facility Manager

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9664905**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Leslie Byelas**

Mailing Address 536 Mine Hill Rd

City Fairfield State CT Zip Code 06824-2151

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : C9710561**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**David W. Cox**

Mailing Address 51 Harding Road

City Old Greenwich State CT Zip Code 06870-1501

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

Name of Employer crt capital llc Occupation manager

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : C9701967**

Amount of Each Receipt this Period  
 250.00

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Susan S Ellis**

Mailing Address 5 Clapboard Hill Road

City State Zip Code  
Westport CT 06880

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C9710265**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Everett Fisher**

Mailing Address 45 Lismore Ln

City State Zip Code  
Greenwich CT 06831

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

Name of Employer Occupation  
Fogarty, Cohen, Selby & Smith Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2014

**Transaction ID : C9698857**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 221 Willow St

City State Zip Code  
Southport CT 06890-1429

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

Name of Employer Occupation  
True Course Capital Advisors, LLC Private Equity

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 06 / 2014

**Transaction ID : C9671046**

Amount of Each Receipt this Period  
250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Pamela Fisher**

Mailing Address 221 Willow St

City Southport State CT Zip Code 06890-1429

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 06 / 2014

**Transaction ID : C9711107**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Luisa Francoeur**

Mailing Address 5 Nutmeg Lane

City Westport State CT Zip Code 06880

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

Name of Employer none Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : C9702435**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 93 indian head road

City riverside State CT Zip Code 06878-2421

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

Name of Employer retired Occupation teacher

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

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

**Transaction ID : C9670318**

Amount of Each Receipt this Period  
 200.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Sandra Kirchhoff**

Mailing Address 1 Beverly Place

City Darien State CT Zip Code 06820

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9664272**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Alice B Mahoney**

Mailing Address 991 Ponus Ridge

City New Canaan State CT Zip Code 06840

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

Name of Employer n/a Occupation n/a

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : C9702053**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Alice B Mahoney**

Mailing Address 991 Ponus Ridge

City New Canaan State CT Zip Code 06840

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

Name of Employer n/a Occupation n/a

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : C9710819**

Amount of Each Receipt this Period  
 2600.00

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

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

7200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 17 Hendrie Drive

City Old Greenwich State CT Zip Code 06870

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

Name of Employer Major League Baseball Occupation Executive VP, Administration

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : C9710564**

Amount of Each Receipt this Period  
 1000.00

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Milwe**

Mailing Address 1 Cockenoe Dr

City Westport State CT Zip Code 06880

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

Name of Employer Jumping Fish Productions Occupation Choreographer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : C9710563**

Amount of Each Receipt this Period  
 500.00

1000.00

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

Mailing Address 53 East 66th Street  
PH-9A

City New York State NY Zip Code 10065

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

Name of Employer P. Schoenfeld Asset Management Occupation Finance

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

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

**Transaction ID : C9670228**

Amount of Each Receipt this Period  
 250.00

250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Al Shehadi**

Mailing Address 27 Byram Shore Rd

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation  
Enterprise Community Investment Community Development Finance

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2014

**Transaction ID : C9697305**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rick J. Weber**

Mailing Address 15 Maplegrove Ave.

City State Zip Code  
Westport CT 06880

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

Name of Employer Occupation  
Asset Management Chief officer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C9710576**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 124 Branca Ct.

City State Zip Code  
Milford CT 06461

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

Name of Employer Occupation  
Acropolis Pizza Family Restaurant Manager

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C9710577**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Chapman**

Mailing Address 56 Ridge Brook Dr

City State Zip Code  
Stamford CT 06903-1235

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 15 / 2014

**Transaction ID : C9709487A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 20 / 2014

**Transaction ID : C9709487AB**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 45 Lismore Ln

City State Zip Code  
Greenwich CT 06831

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

Name of Employer Occupation  
Fogarty, Cohen, Selby & Smith Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C9711132**

Amount of Each Receipt this Period  
-150.00

**[MEMO ITEM]**  
\*

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Everett Fisher**

Mailing Address 45 Lismore Ln

City State Zip Code  
Greenwich CT 06831

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

Name of Employer Occupation  
Fogarty, Cohen, Selby & Smith Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C9711134**

Amount of Each Receipt this Period  
150.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Rebecca G. Haile**

Mailing Address 326 E 18th St

City State Zip Code  
New York NY 10003-2893

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

Name of Employer Occupation  
Self-Employed Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C9711136**

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Rebecca G. Haile**

Mailing Address 326 E 18th St

City State Zip Code  
New York NY 10003-2893

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

Name of Employer Occupation  
Self-Employed Writer

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C9711137**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
\*

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 13 OF 49  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**John Michael Gonzalez**

Mailing Address 100 Worth Ave  
Apt 502

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
Peck Madigan Jones Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9711141A**

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**John Michael Gonzalez**

Mailing Address 100 Worth Ave  
Apt 502

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
Peck Madigan Jones Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9711142**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
\*

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

Mailing Address 56 Ridge Brook Dr

City State Zip Code  
Stamford CT 06903-1235

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9711143A**

Amount of Each Receipt this Period  
-200.00

**[MEMO ITEM]**  
\*

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Chapman**

Mailing Address 56 Ridge Brook Dr

City State Zip Code  
Stamford CT 06903-1235

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C9711144**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Thomas J. Santos**

Mailing Address 2101 L St NW  
Ste 400

City State Zip Code  
Washington DC 20037-1542

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

Name of Employer Occupation  
American Insurance Association Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C9711145**

Amount of Each Receipt this Period  
-500.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Thomas J. Santos**

Mailing Address 2101 L St NW  
Ste 400

City State Zip Code  
Washington DC 20037-1542

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

Name of Employer Occupation  
American Insurance Association Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C9711146**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

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

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

0.00

15900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
4.87

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9711111**

Amount of Each Receipt this Period  
2.24

\* In-Kind: In-Kind Fundraising Services

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2.24

2.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AFSCME PEOPLE**

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : C9710942**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AFSCME PEOPLE**

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : C9710940**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE PAC**

Mailing Address 777 6th St NW Ste 200

City Washington State DC Zip Code 20001-3707

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : C9710939**

Amount of Each Receipt this Period  
5000.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Barclays Group US Inc. Political Action Committee**

Mailing Address 2001 K St NW  
FI 11

City Washington State DC Zip Code 20006-1037

FEC ID number of contributing federal political committee. **C C00448852**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C9710943**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**BIPARTISAN PAC/BANK OF NY MELLON CORP BIPAC/BNYMC**

Mailing Address 1 Mellon Bank Ctr

City Pittsburgh State PA Zip Code 15258-0001

FEC ID number of contributing federal political committee. **C C00017558**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 21 / 2014

**Transaction ID : C9703283**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HARTFORD FINANCIAL SERVICES GROUP ADVOCATES FUND**

Mailing Address 1 Hartford Plz

City Hartford State CT Zip Code 06155-0001

FEC ID number of contributing federal political committee. **C C00168864**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C9709862**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**International Brotherhood of Electrical Workers Political Action Committee**

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-3886

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 23 / 2014

**Transaction ID : C9710941**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**International Securities Exchange PAC**

Mailing Address 60 Broad St  
FI 26

City New York State NY Zip Code 10004-2349

FEC ID number of contributing federal political committee. **C** C00382226

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C9709861**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Corporation Employees' PAC**

Mailing Address 2121 Crystal Dr  
Ste 100

City Arlington State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C9710944**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Mailing Address 2201 Cooperative Way  
FI 3

City Herndon State VA Zip Code 20171-4583

FEC ID number of contributing federal political committee. **C C00233304**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

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

**Transaction ID : C9703276**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL APARTMENT ASSOCIATION PAC**

Mailing Address 4300 Wilson Blvd  
Ste 400

City Arlington State VA Zip Code 22203-4168

FEC ID number of contributing federal political committee. **C C00113241**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C9708994**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**SANOFI-AVENTIS US INC. EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 55 CORPORATE DRIVE

City BRIDGEWATER State NJ Zip Code 08807

FEC ID number of contributing federal political committee. **C C00144345**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 21 / 2014

**Transaction ID : C9703284**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE**

Mailing Address 501 THIRD ST. NW  
9TH FLOOR

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00008268**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C9710945**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**National Rural Letter Carriers Association PAC**

Mailing Address 1630 Duke St  
FI 4

City Alexandria State VA Zip Code 22314-3426

FEC ID number of contributing federal political committee. **C C00072025**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : C9708744**

Amount of Each Receipt this Period  
 -1000.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**National Rural Letter Carriers Association PAC**

Mailing Address 1630 Duke St  
FI 4

City Alexandria State VA Zip Code 22314-3426

FEC ID number of contributing federal political committee. **C C00072025**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : C9708745**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]**  
\*

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 21 OF 49  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Nationwide Mutual Insurance Company PAC**

Mailing Address 1 W Nationwide Blvd  
1-27-10

City Columbus State OH Zip Code 43215-2226

FEC ID number of contributing federal political committee. **C C00076174**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : C9708746**

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Nationwide Mutual Insurance Company PAC**

Mailing Address 1 W Nationwide Blvd  
1-27-10

City Columbus State OH Zip Code 43215-2226

FEC ID number of contributing federal political committee. **C C00076174**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1000.00

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

**Transaction ID : C9708747**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**United Services Automobile Association Employee PAC (USAA PAC)**

Mailing Address 9800 Fredericksburg Rd

City San Antonio State TX Zip Code 78288-0001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9708882**

Amount of Each Receipt this Period  
-2500.00

**[MEMO ITEM]**  
\*

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Full Name (Last, First, Middle Initial)**  
**United Services Automobile Association Employee PAC (USAA PAC)**

Mailing Address 9800 Fredericksburg Rd

City San Antonio State TX Zip Code 78288-0001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C9708885**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
\*

**B. Full Name (Last, First, Middle Initial)**  
**Securities Industry And Financial Markets Association PAC**

Mailing Address 1101 New York Ave NW  
FI 8

City Washington State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

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

**Transaction ID : C9708889**

Amount of Each Receipt this Period  
-500.00

**[MEMO ITEM]**  
\*

**C. Full Name (Last, First, Middle Initial)**  
**Securities Industry And Financial Markets Association PAC**

Mailing Address 1101 New York Ave NW  
FI 8

City Washington State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

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

**Transaction ID : C9708892**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Securities Industry And Financial Markets Association PAC**

Mailing Address 1101 New York Ave NW  
FI 8

City Washington State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

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

**Transaction ID : C9708890**

Amount of Each Receipt this Period  
-500.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Securities Industry And Financial Markets Association PAC**

Mailing Address 1101 New York Ave NW  
FI 8

City Washington State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
5500.00

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

**Transaction ID : C9708891**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**JPmorgan Chase & Co. Federal PAC**

Mailing Address 10 S Dearborn St

City Chicago State IL Zip Code 60603-2300

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C9711165**

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
\*

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JPmorgan Chase & Co. Federal PAC**

Mailing Address 10 S Dearborn St

City Chicago State IL Zip Code 60603-2300

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9711169**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**JPmorgan Chase & Co. Federal PAC**

Mailing Address 10 S Dearborn St

City Chicago State IL Zip Code 60603-2300

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9711170**

Amount of Each Receipt this Period  
 -1000.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**JPmorgan Chase & Co. Federal PAC**

Mailing Address 10 S Dearborn St

City Chicago State IL Zip Code 60603-2300

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : C9711171**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	28000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO Box 25118		Amount of Each Disbursement this Period 15.00
City Tampa	State FL	
Zip Code 33622-5118	Purpose of Disbursement Bank Fee	Transaction ID : D524684
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 25118		Amount of Each Disbursement this Period 10.00
City Tampa	State FL	
Zip Code 33622-5118	Purpose of Disbursement Bank Fee	Transaction ID : D525090
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bridgeport Pubic Schools</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 45 Lyon Ter		Amount of Each Disbursement this Period 840.16
City Bridgeport	State CT	
Zip Code 06604-4023	Purpose of Disbursement Event Space Rental	Transaction ID : D524726
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	865.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 49	
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2014</b>
Mailing Address <b>430 S Capitol St SE</b>		Amount of Each Disbursement this Period <b>2.24</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-4024</b>	Purpose of Disbursement <b>In-Kind Fundraising Services</b>	<b>Transaction ID : D525101</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democratic State Central Ctee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 21 / 2014</b>
Mailing Address <b>330 Main St</b>		Amount of Each Disbursement this Period <b>2250.00</b>
City <b>Hartford</b> State <b>CT</b> Zip Code <b>06106-1860</b>	Purpose of Disbursement <b>Office Rent</b>	<b>Transaction ID : D524730</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Caitlin Donohue</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2014</b>
Mailing Address <b>19 High Point Dr</b>		Amount of Each Disbursement this Period <b>1318.56</b>
City <b>Middle Haddam</b> State <b>CT</b> Zip Code <b>06456</b>	Purpose of Disbursement <b>Mileage Reimbursement</b>	<b>Transaction ID : D524678</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3570.80</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. First Data Merchant Services</b>		M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address PO Box 6600		Amount of Each Disbursement this Period
City Hagerstown State MD Zip Code 21741-6600		1830.00
Purpose of Disbursement Credit Card Processing Fee		<b>Transaction ID : D524681</b>
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. First Data Merchant Services</b>		M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address PO Box 6600		Amount of Each Disbursement this Period
City Hagerstown State MD Zip Code 21741-6600		1162.39
Purpose of Disbursement Credit Card Processing Fee		<b>Transaction ID : D524682</b>
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. First Data Merchant Services</b>		M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address PO Box 6600		Amount of Each Disbursement this Period
City Hagerstown State MD Zip Code 21741-6600		45.83
Purpose of Disbursement Credit Card Processing Fee		<b>Transaction ID : D524683</b>
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3038.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 49	
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rep. James A. Himes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 197 Valley Rd		Amount of Each Disbursement this Period 55.86 <b>Transaction ID : D524676</b>
City State Zip Code Cos Cob CT 06807-2212	Purpose of Disbursement Mileage Reimbursement	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MEHIP-Seabury &amp; Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 5207 N West PO Box 1450		Amount of Each Disbursement this Period 551.92 <b>Transaction ID : D524671</b>
City State Zip Code Minneapolis MN 55485-0001	Purpose of Disbursement Health Insurance	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mt. Aery Baptist Church</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 73 Frank St		Amount of Each Disbursement this Period 245.00 <b>Transaction ID : D524937</b>
City State Zip Code Bridgeport CT 06604-3202	Purpose of Disbursement Advertisement	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	852.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 49			
	<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)  
**Himes for Congress**

**A. Next Level Partners**

Full Name (Last, First, Middle Initial)

Mailing Address 410 1st St SE Ste 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement Consultant - Compliance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 2297.89

Transaction ID : D524672

**B. Next Level Partners**

Full Name (Last, First, Middle Initial)

Mailing Address 410 1st St SE Ste 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement Consultant - Compliance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 2250.00

Transaction ID : D524673

**C. NGP VAN, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15th St NW Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 04 / 21 / 2014

Amount of Each Disbursement this Period: 2550.00

Transaction ID : D524728

**SUBTOTAL** of Disbursements This Page (optional) ..... 7097.89

**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 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Paychex</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 3514.71
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll - Taxes		Transaction ID : D524679
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Paychex</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 58.86
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll - Invoice		Transaction ID : D524680
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Paychex</b>		M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 4101.81
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll - Taxes		Transaction ID : D524686
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7675.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 49			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 104.31
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll - Invoice	Transaction ID : D524687
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sandler, Reiff, Young &amp; Lamb</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1025 Vermont Ave., NW Suite 300		Amount of Each Disbursement this Period 2250.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Legal Fees	Transaction ID : D524674
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Conrad Group Ltd</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 8000.00
City Washington	State DC	
Zip Code 20003-1819	Purpose of Disbursement Consultant - Fundraising	Transaction ID : D524938
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10354.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 49	
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 5903.30
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll	Transaction ID : D524668
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Caitlin Donohue</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 19 High Point Dr		Amount of Each Disbursement this Period 2821.71
City Middle Haddam	State CT	
Zip Code 06456	Purpose of Disbursement Payroll	Transaction ID : D524669
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Maryli Secret</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 51 Sunset Pass lower level		Amount of Each Disbursement this Period 3081.59
City Wilton	State CT	
Zip Code 06897-4824	Purpose of Disbursement Payroll	Transaction ID : D524670
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5903.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rep. James A. Himes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 197 Valley Rd		Amount of Each Disbursement this Period 394.05 <b>Transaction ID : D524675</b>
City State Zip Code Cos Cob CT 06807-2212	Purpose of Disbursement Reimbursement (Vendors that aggregate over \$200 listed below)	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MetroNorth Railroad</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 420 Lexington Ave		Amount of Each Disbursement this Period 62.00 <b>Transaction ID : D524954</b> <b>[MEMO ITEM]</b>
City State Zip Code New York NY 10170-0002	Purpose of Disbursement Travel	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. MetroNorth Railroad</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 420 Lexington Ave		Amount of Each Disbursement this Period 9.00 <b>Transaction ID : D524955</b> <b>[MEMO ITEM]</b>
City State Zip Code New York NY 10170-0002	Purpose of Disbursement Travel	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	394.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 49	
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. MetroNorth Railroad</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 420 Lexington Ave		Amount of Each Disbursement this Period 9.00
City New York	State NY	
Zip Code 10170-0002	Purpose of Disbursement Travel	Transaction ID : D524956 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MetroNorth Railroad</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 420 Lexington Ave		Amount of Each Disbursement this Period 9.00
City New York	State NY	
Zip Code 10170-0002	Purpose of Disbursement Travel	Transaction ID : D524957 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. MetroNorth Railroad</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 420 Lexington Ave		Amount of Each Disbursement this Period 9.00
City New York	State NY	
Zip Code 10170-0002	Purpose of Disbursement Travel	Transaction ID : D524958 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. MetroNorth Railroad</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 420 Lexington Ave		Amount of Each Disbursement this Period 48.00
City New York	State NY	
Zip Code 10170-0002	Purpose of Disbursement Travel	Transaction ID : D524959
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MetroNorth Railroad</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 420 Lexington Ave		Amount of Each Disbursement this Period 12.75
City New York	State NY	
Zip Code 10170-0002	Purpose of Disbursement Travel	Transaction ID : D524960
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Caitlin Donohue</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 19 High Point Dr		Amount of Each Disbursement this Period 1332.07
City Middle Haddam	State CT	
Zip Code 06456	Purpose of Disbursement Reimbursement (Vendors that aggregate over \$200 listed below)	Transaction ID : D524677
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1332.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. EZ Pass</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period
City Wilmington	State DE	Zip Code 19805-4441
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Transaction ID : D524972	
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Convention	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. EZ Pass</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period
City Wilmington	State DE	Zip Code 19805-4441
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Transaction ID : D524973	
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Convention	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. EZ Pass</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period
City Wilmington	State DE	Zip Code 19805-4441
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Transaction ID : D524974	
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Convention	
<input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. EZ Pass</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period
City Wilmington	State DE	Zip Code 19805-4441
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : D524975	
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Convention	
<input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. EZ Pass</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period
City Wilmington	State DE	Zip Code 19805-4441
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : D524976	
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Convention	
<input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. EZ Pass</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period
City Wilmington	State DE	Zip Code 19805-4441
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : D524977	
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Convention	
<input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. EZ Pass</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period
City Wilmington	State DE	Zip Code 19805-4441
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : D524978	
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Convention	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. EZ Pass</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period
City Wilmington	State DE	Zip Code 19805-4441
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : D524979	
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Convention	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. EZ Pass</b>		M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period
City Wilmington	State DE	Zip Code 19805-4441
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : D524980	
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) Convention	
<input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. EZ Pass</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period 6.66
City Wilmington	State DE	
Zip Code 19805-4441	Purpose of Disbursement Travel	Transaction ID : D524981
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EZ Pass</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 119 Lower Beech St Ste 200		Amount of Each Disbursement this Period 20.45
City Wilmington	State DE	
Zip Code 19805-4441	Purpose of Disbursement Travel	Transaction ID : D524986
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 285.90
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Travel	Transaction ID : D524982
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 49	
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 91.94
City Albany	State NY Zip Code 12250-0001	
Purpose of Disbursement Cell Phone Service	Candidate Name	Transaction ID : D524964 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 91.97
City Albany	State NY Zip Code 12250-0001	
Purpose of Disbursement Cell Phone Service	Candidate Name	Transaction ID : D524965 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 91.97
City Albany	State NY Zip Code 12250-0001	
Purpose of Disbursement Cell Phone Service	Candidate Name	Transaction ID : D524966 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 91.97
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Cell Phone Service	
Candidate Name	Category/Type	Transaction ID : D524968 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 92.04
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Cell Phone Service	
Candidate Name	Category/Type	Transaction ID : D524969 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 92.02
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Cell Phone Service	
Candidate Name	Category/Type	Transaction ID : D524970 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 93.25
City Albany	State NY	
Zip Code 12250-0001	Purpose of Disbursement Cell Phone Service	Transaction ID : D524971
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 7340.88
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll	Transaction ID : D524688
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thomas Brennan</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1345 Bushwick Ave 2L		Amount of Each Disbursement this Period 1437.56
City Brooklyn	State NY	
Zip Code 11207-1786	Purpose of Disbursement Payroll	Transaction ID : D524689
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7340.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 49	
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Caitlin Donohue</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 19 High Point Dr		Amount of Each Disbursement this Period 2821.72
City Middle Haddam	State CT Zip Code 06456	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : D524690 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Maryli Secret</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 51 Sunset Pass lower level		Amount of Each Disbursement this Period 3081.60
City Wilton	State CT Zip Code 06897-4824	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : D524691 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Citibusiness Card</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address PO Box 183051		Amount of Each Disbursement this Period 4525.33
City Columbus	State OH Zip Code 43218-3051	
Purpose of Disbursement Credit Card Payment (vendors that aggregate over \$200 listed below)	Candidate Name	Transaction ID : D524940
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4525.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 49	
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 145.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel	Transaction ID : D524989
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dubliner Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 520 N. Capitol St., NW		Amount of Each Disbursement this Period 507.99
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Event Catering	Transaction ID : D525013
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 285 Boston Ave		Amount of Each Disbursement this Period 47.83
City Bridgeport	State CT	
Zip Code 06610-1603	Purpose of Disbursement Meals	Transaction ID : D524991
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 49	
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Eatonville Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 2121 14th St NW		Amount of Each Disbursement this Period 889.52
City Washington	State DC	
Zip Code 20009-4411	Purpose of Disbursement Event Catering	Transaction ID : D524994 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GODADDY.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 14455 N Hayden Rd Ste 219		Amount of Each Disbursement this Period 83.88
City Scottsdale	State AZ	
Zip Code 85260-6993	Purpose of Disbursement Website Services	Transaction ID : D525001 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GODADDY.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 14455 N Hayden Rd Ste 219		Amount of Each Disbursement this Period 117.00
City Scottsdale	State AZ	
Zip Code 85260-6993	Purpose of Disbursement Website Services	Transaction ID : D525005 <b>[MEMO ITEM]</b>
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. GODADDY.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 14455 N Hayden Rd Ste 219		Amount of Each Disbursement this Period 52.68
City Scottsdale	State AZ	
Zip Code 85260-6993	Purpose of Disbursement Website Services	Transaction ID : D525006  [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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. O'Neills Pub</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 77 N Main St		Amount of Each Disbursement this Period 940.53
City Norwalk	State CT	
Zip Code 06854-2219	Purpose of Disbursement Event Catering	Transaction ID : D525008  [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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Smith Party Rentals</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 133 Mason Street		Amount of Each Disbursement this Period -263.22
City Greenwich	State CT	
Zip Code 06830	Purpose of Disbursement Event Expenses (Credit)	Transaction ID : D525030  [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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sona Creamery and Wine Bar</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 660 Pennsylvania Ave SE		Amount of Each Disbursement this Period 921.58
City Washington	State DC	
Zip Code 20003-4346	Purpose of Disbursement Event Catering	Transaction ID : D525012
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Liaison Capitol Hill, an Affinia Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 415 New Jersey Ave NW		Amount of Each Disbursement this Period 250.00
City Washington	State DC	
Zip Code 20001-2001	Purpose of Disbursement Event Catering	Transaction ID : D524997
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Tunnickliff's Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 222 7th St SE		Amount of Each Disbursement this Period 196.03
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meals	Transaction ID : D524995
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 49			
	<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)  
**Himes for Congress**

Full Name (Last, First, Middle Initial) <b>A. U-Haul Moving &amp; Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 3029 Fairfield Ave		Amount of Each Disbursement this Period 117.61
City Bridgeport	State CT	
Purpose of Disbursement Storage Unit Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. We the Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 305 Pennsylvania Ave SE		Amount of Each Disbursement this Period 193.14
City Washington	State DC	
Purpose of Disbursement Meals		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	52950.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 49	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Truman Eustis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address <b>77 Putnam Park</b>		Amount of Each Disbursement this Period <b>400.00</b> <b>Transaction ID : D524939</b>
City <b>Greenwich</b> State <b>CT</b> Zip Code <b>06830</b>	Purpose of Disbursement <b>Contribution Refund</b> <input type="checkbox"/> 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>400.00</b>