

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Espallat 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))....	7850.00	44906.00
(b) Total Contribution Refunds (from Line 20(d))	3200.00	3200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4650.00	41706.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	224.75	224.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	224.75	224.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5397.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	67393.77	

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

Espallat 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).....	6700.00	41750.00
(ii) Unitemized.....	1150.00	3156.00
(iii) TOTAL of contributions from individuals ▶	7850.00	44906.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7850.00	44906.00
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.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7850.00	44906.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	224.75	224.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	3200.00	3200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3200.00	3200.00
21. OTHER DISBURSEMENTS	5000.00	5000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8424.75	8424.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5972.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7850.00
25. SUBTOTAL (add Line 23 and Line 24).....	13822.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8424.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5397.41

**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 29
	<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)
Espallat for Congress

A. Full Name (Last, First, Middle Initial)
Marisol Alcantara

Mailing Address 529 W 141st St
Apt 1D

City State Zip Code
New York NY 10031-7051

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

Name of Employer Occupation
NYS Nurses Association Program Rep

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : VNJ3JE7Z1B4

Amount of Each Receipt this Period
600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ramon F. Cabral

Mailing Address 2237 Lafayette Ave

City State Zip Code
Bronx NY 10473-1308

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

Name of Employer Occupation
Audubon Car Service/Owner Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : VNJ3JE7Z1F6

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 4 Ann Pl

City State Zip Code
Monroe NY 10950-4302

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

Name of Employer Occupation
Self employed Polysomnographer

Receipt For: 2016
 Primary General
 Other (specify) Debt Primary 2016

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : VNJ3JE7YNR1

Amount of Each Receipt this Period
300.00

Memo Item

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 6 OF 29
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Espallat for Congress

A. Full Name (Last, First, Middle Initial)
Eliezer Heredia

Mailing Address 298 Menahan St

City State Zip Code
Brooklyn NY 11237-5231

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : VNJ3JEMKWS2

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 3019 90th St

City State Zip Code
East Elmhurst NY 11369-1705

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

Name of Employer Information Requested Occupation Information Requested
Trademark Equities Real Estate Investor

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : VNJ3JEMKYP4

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 13833 78th Rd

City State Zip Code
Flushing NY 11367-3241

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

Name of Employer Information Requested Occupation Information Requested
Koven Krausz PLLC Attorney

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : VNJ3JEMKZW2

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).....

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<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)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
Angela A Pratts

Mailing Address 182 W 180th St

City State Zip Code
Bronx NY 10453-2905

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

Name of Employer Occupation
Elegante General Manager

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : VNJ3JEMM1Y3

Amount of Each Receipt this Period
700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Zoilo J Ramirez

Mailing Address 140 Briggs Ave

City State Zip Code
Yonkers NY 10701-5604

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

Name of Employer Occupation
Caridad Restaurant President

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : VNJ3JE7YN43

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 94 W Prospect St

City State Zip Code
Nanuet NY 10954-2619

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

Name of Employer Occupation
First Financial Manager

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 17 / 2015

Transaction ID : VNJ3JE7Z1D0

Amount of Each Receipt this Period
300.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Espallat for Congress

A. Full Name (Last, First, Middle Initial)
Howard Rosas

Mailing Address 2600 Netherland Ave
3005

City State Zip Code
Bronx NY 10463-4801

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

Name of Employer Occupation
Inwood Foot Care Podiatrist

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : VNJ3JE7YNZ7

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2600 Netherland Ave
3005

City State Zip Code
Bronx NY 10463-4801

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

Name of Employer Occupation
Inwood Foot Care Podiatrist

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : VNJ3JE7YSZ6

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Juan Tapia Mendoza

Mailing Address 1380 Riverside Dr

City State Zip Code
New York NY 10033-1001

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

Name of Employer Occupation
Doctor Information Requested

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : VNJ3JE7YN69

Amount of Each Receipt this Period
250.00

Memo Item

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 9 OF 29
	<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)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
Jos? Viloría

Mailing Address 182 W 180th St

City State Zip Code
Bronx NY 10453-2905

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

Name of Employer Occupation
New York State Federation of Taxi Driv President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : VNJ3JE7Z181

Amount of Each Receipt this Period
700.00

Memo Item

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

Memo Item

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

Memo Item

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

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

700.00

6700.00

**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 10 OF 29			
	<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)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Popular community Bank			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015		
Mailing Address PO Box 4502			Amount of Each Disbursement this Period 5.00		
City Oak Park	State IL	Zip Code 60301	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Banking Monthly Fee		Category/ Type 001	Transaction ID : VNH4AA15QA6		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Popular community Bank			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015		
Mailing Address PO Box 4502			Amount of Each Disbursement this Period 94.75		
City Oak Park	State IL	Zip Code 60301	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Preauthorized WD Bank card Merch fees		Category/ Type	Transaction ID : VNH4AA142N7		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Popular community Bank			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015		
Mailing Address PO Box 4502			Amount of Each Disbursement this Period 30.00		
City Oak Park	State IL	Zip Code 60301	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Overdraft fee		Category/ Type 001	Transaction ID : VNH4AA15G92		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	129.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 29	
	<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)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Banking Monthly Fee	Transaction ID : VNH4AA15GA0
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Overdraft fee	Transaction ID : VNH4AA15GB8
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	Transaction ID : VNH4AA15HP6
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 29	
	<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)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VNH4AA15HR1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : VNH4AA15HT7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : VNH4AA15HY9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 29	
	<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)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	Transaction ID : VNH4AA15HX1
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	Transaction ID : VNH4AA15J62
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	Transaction ID : VNH4AA15J70
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29			
	<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)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	Transaction ID : VNH4AA15J96
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	Transaction ID : VNH4AA15JB1
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	Transaction ID : VNH4AA15JC9
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29			
	<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)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	Transaction ID : VNH4AA15JE5
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Popular community Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address PO Box 4502		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Oak Park	State IL	
Zip Code 60301	Purpose of Disbursement Continuous Overdraft Fee	Transaction ID : VNH4AA15JF3
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : VNH4AA15JF3
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10.00
TOTAL This Period (last page this line number only).....	224.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 29	
	<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)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Cecilia Kemble		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 106 Central Park S Apt 27A		Amount of Each Disbursement this Period 600.00
City New York	State NY	
Zip Code 10019-1578	Purpose of Disbursement general election refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : VNH4AA0R7D1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bernard Spitzer		Date of Disbursement MM / DD / YYYY 10 / 06 / 2015
Mailing Address 730 5th Ave		Amount of Each Disbursement this Period 2600.00
City New York	State NY	
Zip Code 10019-4105	Purpose of Disbursement general election refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 010	Transaction ID : VNH4AA0R7E9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	3200.00

**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 17 OF 29
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Federal Election Commission		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 999 E St NW		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20463-0001	Category/Type	
Purpose of Disbursement FEC Conciliation fees		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID : VNH4AA0RSM4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

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

NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dennie Beach	Nature of Debt (Purpose): excessive (general election) contribution
Mailing Address 1760 2nd Ave Apt 22C	
City State Zip Code New York NY 10128-5396	

Outstanding Balance Beginning This Period 350.00	Transaction ID : VNF5T9HA6S3	
Amount Incurred This Period -350.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bedford Grove LLC	Nature of Debt (Purpose): profesional fees - fundraising, debt retirement
Mailing Address 349 5th Ave	
City State Zip Code New York NY 10016-5019	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VNF5T9HBQY7	
Amount Incurred This Period 4398.11	Payment This Period 0.00	Outstanding Balance at Close of This Period 4398.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor William S. Friedman	Nature of Debt (Purpose): excessive (general election) contribution
Mailing Address 320 Central Park W Apt 18B	
City State Zip Code New York NY 10025-7659	

Outstanding Balance Beginning This Period 500.00	Transaction ID : VNF5T9HA722	
Amount Incurred This Period -500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	4398.11
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

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

Form/Schedule: SD10

Transaction ID : VNF5T9HA6S3

general election contribution to be refunded

Form/Schedule: SD10

Transaction ID: VNF5T9HA722

general election contribution to be refunded

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

NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Gagliardi		Nature of Debt (Purpose): excessive (general election) contribution
Mailing Address 21 Centre St		
City State Zip Code Bronx NY 10464-1522		

Outstanding Balance Beginning This Period -1900.00	Transaction ID : VNF5T9HA6W5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -1900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cecilia Kemble		Nature of Debt (Purpose): excessive (general election) contribution
Mailing Address 106 Central Park S Apt 27A		
City State Zip Code New York NY 10019-1578		

Outstanding Balance Beginning This Period 600.00	Transaction ID : VNF5T9HA6P0	
Amount Incurred This Period -600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Metro Strategies		Nature of Debt (Purpose): palmcards (East Harlem, Bronx, Base)
Mailing Address 5030 Broadway Ste 807		
City State Zip Code New York NY 10034-1666		

Outstanding Balance Beginning This Period 13319.82	Transaction ID : VNF5T9HAV26	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13319.82

1) SUBTOTALS This Period This Page (optional)	▶	11419.82
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

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

Form/Schedule: SD10

Transaction ID : VNF5T9HA6W5

general election contribution to be refunded

Form/Schedule: SD10

Transaction ID: VNF5T9HA6P0

general election contribution to be refunded

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

Form/Schedule: SD10

Transaction ID : VNF5T9HAV26

inv. 621

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Metro Strategies	Nature of Debt (Purpose): GOTV literature (palmcards, posters)
Mailing Address 5030 Broadway Ste 807	
City State Zip Code New York NY 10034-1666	

Outstanding Balance Beginning This Period 6871.82	Transaction ID : VNF5T9HAV18	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6871.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mirram Group LLC	Nature of Debt (Purpose): Survey/Ad
Mailing Address 5030 Broadway Ste 807	
City State Zip Code New York NY 10034-1666	

Outstanding Balance Beginning This Period 11000.00	Transaction ID : VNF5T9H9M56	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mirram Group LLC	Nature of Debt (Purpose): automated calls
Mailing Address 5030 Broadway Ste 807	
City State Zip Code New York NY 10034-1666	

Outstanding Balance Beginning This Period 2119.44	Transaction ID : VNF5T9HAEZ7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2119.44

1) SUBTOTALS This Period This Page (optional)	19991.26
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

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

Form/Schedule: SD10

Transaction ID : VNF5T9HAV18

inv. 622 GOTV

Form/Schedule: SD10

Transaction ID: VNF5T9HAEZ7

automated calls

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

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mirram Group LLC	Nature of Debt (Purpose): automated calls
Mailing Address 5030 Broadway Ste 807	
City State Zip Code New York NY 10034-1666	

Outstanding Balance Beginning This Period 2334.58	Transaction ID : VNF5T9HAF05	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2334.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Horse Strategies	Nature of Debt (Purpose): primary day field operation
Mailing Address 55 Washington St Ste 624	
City State Zip Code Brooklyn NY 11201-1062	

Outstanding Balance Beginning This Period 22000.00	Transaction ID : VNF5T9HA756	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor JONATHAN REZNICK	Nature of Debt (Purpose): digital consulting (may)
Mailing Address 1911 Willow Creek Dr Apt 202	
City State Zip Code Austin TX 78741-4425	

Outstanding Balance Beginning This Period 1250.00	Transaction ID : VNF5T9HAV01	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

1) SUBTOTALS This Period This Page (optional)	25584.58
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

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

Form/Schedule: SD10

Transaction ID : VNF5T9HAF05

automated calls

Form/Schedule: SD10

Transaction ID: VNF5T9HA756

canvas / field operation primary day

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

Form/Schedule: SD10

Transaction ID : VNF5T9HAV01

professional services around website, digital media.

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elizabeth Smith	Nature of Debt (Purpose): communication services
Mailing Address 770 5th St NW	
City State Zip Code Washington DC 20001-2600	

Outstanding Balance Beginning This Period 6000.00	Transaction ID : VNF5T9HA748	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bernard Spitzer	Nature of Debt (Purpose): excessive (general election) contribution
Mailing Address 730 5th Ave	
City State Zip Code New York NY 10019-4105	

Outstanding Balance Beginning This Period 2600.00	Transaction ID : VNF5T9HA6N2	
Amount Incurred This Period -2600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) SUBTOTALS This Period This Page (optional)	6000.00
2) TOTALS This Period (last page this line number only)	67393.77
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	67393.77

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

Form/Schedule: SD10

Transaction ID : VNF5T9HA748

communication services

Form/Schedule: SD10

Transaction ID: VNF5T9HA6N2

general election contribution to be refunded