

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 Engel for Congress

ADDRESS (number and street) 462 California Road Check if different than previously reported. (ACC) Bronxville NY 10708

2. FEC IDENTIFICATION NUMBER C C00236513 3. IS THIS REPORT NEW (N) OR AMENDED (A) NY 16

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 11 / 04 / 2014 in the State of NY

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

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

Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 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 Arnold Linhardt

Signature of Treasurer Arnold Linhardt

[Electronically Filed]

Date

10 / 23 / 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.

Table with 8 columns and 1 row for Office Use Only.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Engel 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))....	30760.00	1080402.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	30760.00	1079402.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	43225.44	656313.77
(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)).....	43225.44	656313.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	241297.53	
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).....	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

Engel 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).....	21750.00	654287.00
(ii) Unitemized.....	10.00	10440.00
(iii) TOTAL of contributions from individuals ▶	21760.00	664727.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9000.00	415675.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30760.00	1080402.00
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)..... ▶	30760.00	1080402.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43225.44	656313.77
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	0.00	1000.00
(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)).....	0.00	1000.00
21. OTHER DISBURSEMENTS	3000.00	303250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	46225.44	960563.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	256762.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30760.00
25. SUBTOTAL (add Line 23 and Line 24).....	287522.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46225.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	241297.53

**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 27
	<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)
Engel for Congress

A. Full Name (Last, First, Middle Initial)
Alexandre Behring

Mailing Address 600 Third Avenue, 37th floor

City State Zip Code
New York NY 10016-2026

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

Name of Employer Occupation
3G Capital Inc Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : ACD4875EEF032446B9B6

Amount of Each Receipt this Period
2600.00

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

Mailing Address 1669 Marshall Drive

City State Zip Code
Des Plaines IL 60018-1840

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

Name of Employer Occupation
Illinois Auto Truck Co., Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : A5484803F70EA4CD8AFB

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Warren L Ross

Mailing Address 6 Fleet Ct

City State Zip Code
Northport NY 11768-1526

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

Name of Employer Occupation
International University of Nursing President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : A216DD6AFCD914538871

Amount of Each Receipt this Period
2600.00

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

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

7800.00

**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 27
	<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)
Engel for Congress

A. Full Name (Last, First, Middle Initial)
Ronald Rettner

Mailing Address 34 Bonwit Rd

City Rye Brook State NY Zip Code 10573-1437

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

Name of Employer: Rettner Management Corp Occupation: Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3100.00

Date of Receipt: 10 / 13 / 2014

Transaction ID : A6BBCEE9EAF544FF0924

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 7 Carriage Rd

City Roslyn State NY Zip Code 11576-3117

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

Name of Employer: Self-employed Occupation: Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 10 / 13 / 2014

Transaction ID : A89D92C07464748788A0

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 1816 Kalorama Road Apt. 404

City Washington State DC Zip Code 20009-8119

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 10 / 13 / 2014

Transaction ID : AB8F321EFE7D84A1FAC8

Amount of Each Receipt this Period: 2000.00

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: PAGE 7 OF 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Engel for Congress

A. Full Name (Last, First, Middle Initial)
Jack Lehnert

Mailing Address 365 1st Avenue
Flr 2

City State Zip Code
New York NY 10010-6503

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

Name of Employer Occupation
Office Of Court Administrator Attorney

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
 10 15 2014

Transaction ID : A167F66D239DA4C51B84

Amount of Each Receipt this Period
300.00

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

Mailing Address 215 Beach 133rd Street

City State Zip Code
Rockaway Park NY 11694-1435

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

Name of Employer Occupation
Retired Chemical Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : A7CB2F111D7C743E28AA

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Robert P Weisz

Mailing Address PO Box 349

City State Zip Code
White Plains NY 10605-0349

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

Name of Employer Occupation
RPW GROUP President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : A130F2D80520847EB815

Amount of Each Receipt this Period
2600.00

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

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

5500.00

**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 27
	<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)
Engel for Congress

A. Full Name (Last, First, Middle Initial)
Ivan Seidenberg

Mailing Address 5 Quail Hollow Ln

City State Zip Code
West Nyack NY 10994-2914

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : A8B2117F086D6456780C

Amount of Each Receipt this Period
1000.00

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

Mailing Address 29178 Heathercliff Road

City State Zip Code
Malibu CA 90265-4177

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

Name of Employer Occupation
Self Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : AF1E4EC32E2BB4A68BDD

Amount of Each Receipt this Period
250.00

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).....

1250.00

21750.00

**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 27
<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)
Engel for Congress

A. Local 46 Metallic Lathers & Reinforcing Iron Workers PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1322 3rd Ave & East 78th Street

City New York State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C C00421008**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A2998840AC8F846758AC

Amount of Each Receipt this Period
4000.00

B. Port Authority - PBA

Full Name (Last, First, Middle Initial)
Mailing Address 911 Palisade Avenue

City Englewood Cliffs State NJ Zip Code 07632

FEC ID number of contributing federal political committee. **C C00544932**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A155628131C7644F3AEB

Amount of Each Receipt this Period
1000.00

C. Time Warner PAC

Full Name (Last, First, Middle Initial)
Mailing Address 800 Connecticut Avenue NW Suite 200

City Washington State DC Zip Code 20006-2720

FEC ID number of contributing federal political committee. **C C00339291**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A4E692F2CB0DA4685AA8

Amount of Each Receipt this Period
1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<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)
Engel for Congress

A. Full Name (Last, First, Middle Initial)
Citizens Organized PAC

Mailing Address 1800 Avenue of the Stars
Suite 900

City Los Angeles State CA Zip Code 90067-4211

FEC ID number of contributing federal political committee. **C** C00110585

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : AC1969FEA0A82449B854

Amount of Each Receipt this Period
2000.00

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

Mailing Address 8403 Colesville Road
Suite 1550

City Silver Spring State MD Zip Code 20910-6374

FEC ID number of contributing federal political committee. **C** C00358812

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2014

Transaction ID : A0AB7F9C595AB4E918EA

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3000.00

9000.00

**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 11 OF 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial)
A. Strategic Services

Mailing Address 170 E Post Rd
Frnt 2

City White Plains State NY Zip Code 10601-4973

Purpose of Disbursement Campaign consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : B506091C15B4D40F0B4B

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

Mailing Address 2 Grace Ct

City Brooklyn State NY Zip Code 11201-4184

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 03 / 2014

Amount of Each Disbursement this Period: 4313.22

Transaction ID : BE9A34093FDC8401E838

Full Name (Last, First, Middle Initial)
C. At&t Wireless

Mailing Address PO Box 8220

City Aurora State IL Zip Code 60572-8220

Purpose of Disbursement phone bill

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 03 / 2014

Amount of Each Disbursement this Period: 920.20

Transaction ID : BEA2B272131804490B9C

SUBTOTAL of Disbursements This Page (optional) 8233.42

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 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Podesta Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1001 G St NW Suite 1000W		Amount of Each Disbursement this Period 300.00 Transaction ID : B46B560018AE947A1B6B
City Washington	State DC Zip Code 20001-4522	
Purpose of Disbursement Reimbursement - fundraiser		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Erickson & Co		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 3560.33 Transaction ID : BD127F22B4277410889F
City Washington	State DC Zip Code 20003-4006	
Purpose of Disbursement Fundraising consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jacqueline B Mishler		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 4 The Logging Road		Amount of Each Disbursement this Period 3200.00 Transaction ID : B2971AD205D9049D8BCE
City Waccabuc	State NY Zip Code 10597-1015	
Purpose of Disbursement Fundraising Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7060.33
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 27			
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial)

A. Strategic Services

Mailing Address 170 E Post Rd
Frnt 2

City White Plains State NY Zip Code 10601-4973

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 04 / 2014

Amount of Each Disbursement this Period: 59.23

Transaction ID : BB24D15A864D44D71B4E

Full Name (Last, First, Middle Initial)

B. Sister to Sister International

Mailing Address PO Box 21

City Yonkers State NY Zip Code 10703-0021

Purpose of Disbursement Journal ad

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 200.00

Transaction ID : B9D37A7D5377840929E4

Full Name (Last, First, Middle Initial)

C. Hudson River Community Association

Mailing Address PO Box 866

City Yonkers State NY Zip Code 10702-0866

Purpose of Disbursement Journal ad & ticket

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 205.00

Transaction ID : B7381AA3363304CFA957

SUBTOTAL of Disbursements This Page (optional)..... 464.23

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 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Westchester Jewish Council		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 701 Westchester Ave Ste 203E		Amount of Each Disbursement this Period 1200.00 Transaction ID : B50EE707DE76046D08DC
City White Plains State NY Zip Code 10604-3078	Purpose of Disbursement Directory ad	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Branford Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 2 Grace Ct		Amount of Each Disbursement this Period 17513.25 Transaction ID : BD1F460ADD3FF4A3BB1A
City Brooklyn State NY Zip Code 11201-4184	Purpose of Disbursement Mailing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Aristotle International		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1800.00 Transaction ID : BFFB1CB5064B14270B28
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Campaign software fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20513.25
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 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Cheryl Geller		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address xxxxx		Amount of Each Disbursement this Period 400.00 Transaction ID : BD80500EAF354CD68A5
City Baldwin Place	State NY	
Zip Code 10505	Purpose of Disbursement Reimbursement - GOTV	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Lori Copland		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 3816 Review Pl Apt 3B		Amount of Each Disbursement this Period 1300.00 Transaction ID : BF0BD83A819924652A29
City Bronx	State NY	
Zip Code 10463-2464	Purpose of Disbursement Computer work	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Anthony Maggiacomo Lodge 2320		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 885 Midland Ave		Amount of Each Disbursement this Period 125.00 Transaction ID : B862F7BDF A2D5412D9A0
City Yonkers	State NY	
Zip Code 10704-1025	Purpose of Disbursement Journal ad	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1825.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address PO Box 327		Amount of Each Disbursement this Period 2510.98 Transaction ID : B25ACA74659534DF58E9
City Newark State NJ Zip Code 07101-0327	Purpose of Disbursement Credit Card: See 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Turkam, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Flushing		Amount of Each Disbursement this Period 67.83 Transaction ID : B4D3C5B2AB0A842DD9EE [MEMO ITEM]
City	State Zip Code	
Purpose of Disbursement gas	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Broadway Diner		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Broa		Amount of Each Disbursement this Period 51.03 Transaction ID : BD8ADD3552803487E90B [MEMO ITEM]
City Yonkers State NY Zip Code 10705-0000	Purpose of Disbursement Lunch with consultants	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2510.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Costco Wholesalers		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Stew Leonard Dr		Amount of Each Disbursement this Period 487.50
City Yonkers State NY Zip Code 10701-0000	Purpose of Disbursement stamps	
Candidate Name		Transaction ID : BEF0EE12A488540C59C9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Costco Wholesalers		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Stew Leonard Dr		Amount of Each Disbursement this Period 171.01
City Yonkers State NY Zip Code 10701-0000	Purpose of Disbursement campaign office supplies	
Candidate Name		Transaction ID : B2565303B0A4745A885B
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Broadway Diner		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Broa		Amount of Each Disbursement this Period 45.48
City Yonkers State NY Zip Code 10705-0000	Purpose of Disbursement Breakfast with consultants	
Candidate Name		Transaction ID : BBAC829A9A10640C4934
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27			
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 140 West St		Amount of Each Disbursement this Period 301.65
City New York	State NY	
Zip Code 10007-2141	Purpose of Disbursement phone bill	Transaction ID : BECD3B4B26A424681A5C
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Turkam, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Flushing		Amount of Each Disbursement this Period 66.25
City	State	
Zip Code 0000	Purpose of Disbursement gas	Transaction ID : B714E413FB78540C9BFC
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Palace of Japan		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Johnson Ave		Amount of Each Disbursement this Period 75.60
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement Dinner with Contributor	Transaction ID : B59327F454B934304ACF
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27			
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. New York Times			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 620 8th Ave			Amount of Each Disbursement this Period 646.40
City New York	State NY	Zip Code 10018-1618	Transaction ID : B1C466ADFB52147FBA13
Purpose of Disbursement subscription	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Turkam, Inc			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Flushing			Amount of Each Disbursement this Period 65.50
City	State	Zip Code 0000	Transaction ID : BA8BCCDBEE7FF4AB89E2
Purpose of Disbursement gas	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. Turkam, Inc			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Flushing			Amount of Each Disbursement this Period 61.12
City	State	Zip Code 0000	Transaction ID : B5D4ACC0832BD442D84F
Purpose of Disbursement gas	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<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)
Engel for Congress

A. Liebman's Deli

Full Name (Last, First, Middle Initial)
Mailing Address 552 W 235th St

City Bronx State NY Zip Code 10463-1709

Purpose of Disbursement Lunch for volunteers

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 04 / 2014

Amount of Each Disbursement this Period: 82.71

Transaction ID : BDF80655955DA41119E3

[MEMO ITEM]

B. Whole Foods Market

Full Name (Last, First, Middle Initial)
Mailing Address 20005

City Washington State DC Zip Code 20005-0000

Purpose of Disbursement Catering for fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 04 / 2014

Amount of Each Disbursement this Period: 673.78

Transaction ID : B813502600ED3430EB49

[MEMO ITEM]

c. Blue Bay Diner

Full Name (Last, First, Middle Initial)
Mailing Address 3533 Johnson Ave

City Bronx State NY Zip Code 10463-1602

Purpose of Disbursement Lunch with consultants

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 04 / 2014

Amount of Each Disbursement this Period: 65.60

Transaction ID : BF58907815BEF4667916

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Mr. Nick's Pizza		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 3552 Johnson Ave		Amount of Each Disbursement this Period 50.69
City Bronx	State NY	
Zip Code 10463-1603	Purpose of Disbursement Lunch with consultants	Transaction ID : BA3496A56B333495E8A8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 327		Amount of Each Disbursement this Period 2538.23
City Newark	State NJ	
Zip Code 07101-0327	Purpose of Disbursement Credit Card: See Below	Transaction ID : B90133D69E767466D85F
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Verizon		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 140 West St		Amount of Each Disbursement this Period 296.33
City New York	State NY	
Zip Code 10007-2141	Purpose of Disbursement phone bill	Transaction ID : B1BA16CC80A304AF09ED
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2538.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Exxon Mobil Gas		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address Irwin Ave		Amount of Each Disbursement this Period 67.88
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement gas	Transaction ID : B9764E784390C4486BB7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Norton Annual Renewal Software		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 20330 Stevens Creek Blvd Lvd		Amount of Each Disbursement this Period 176.21
City Cupertino	State CA	
Zip Code 95014-2268	Purpose of Disbursement Subscription renewal	Transaction ID : B7CAF93974BC74BE5B80
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Sun Corners Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address WEST 230th & Irwin Ave		Amount of Each Disbursement this Period 64.02
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement gas	Transaction ID : BA3DD0D80CAD849E2AFD
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Turkam, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address Flushing		Amount of Each Disbursement this Period 65.50
City	State Zip Code 0000	
Purpose of Disbursement gas	Candidate Name	Transaction ID : B60B64C9A4D5A47A3A16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Costco Wholesalers		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address Stew Leonard Dr		Amount of Each Disbursement this Period 57.28
City	State Zip Code NY 10701-0000	
Purpose of Disbursement gas	Candidate Name	Transaction ID : B5DD6C0DD9813422AB4C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Turkam, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address Flushing		Amount of Each Disbursement this Period 60.86
City	State Zip Code 0000	
Purpose of Disbursement gas	Candidate Name	Transaction ID : B9B664181EB044769914
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Sun Corners Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address WEST 230th & Irwin Ave		Amount of Each Disbursement this Period 69.06
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement gas	Transaction ID : B7D06E09285374CCD872
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address Broadway		Amount of Each Disbursement this Period 60.19
City Bronx	State NY	
Zip Code 10463	Purpose of Disbursement gas	Transaction ID : B4A9E9D39E2BC4D2499C
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Nick's Pizza		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 3552 Johnson Ave		Amount of Each Disbursement this Period 60.11
City Bronx	State NY	
Zip Code 10463-1603	Purpose of Disbursement Lunch for volunteers	Transaction ID : B46DE7C9C81C44A39877
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Liebman's Deli		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 552 W 235th St		Amount of Each Disbursement this Period 34.57
City Bronx State NY Zip Code 10463-1709	Purpose of Disbursement Lunch with consultant	
Candidate Name		Transaction ID : BF3779436F7E94D7182F
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Costco Wholesalers		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address Stew Leonard Dr		Amount of Each Disbursement this Period 59.36
City Yonkers State NY Zip Code 10701-0000	Purpose of Disbursement gas	
Candidate Name		Transaction ID : B162252290F254073A94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Sun Corners Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address WEST 230th & Irwin Ave		Amount of Each Disbursement this Period 63.35
City Bronx State NY Zip Code 10463-0000	Purpose of Disbursement gas	
Candidate Name		Transaction ID : B403C4306EDBD410F81B
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Columbia Florist		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 208 W 231st St		Amount of Each Disbursement this Period 176.36
City Bronx	State NY	
Zip Code 10463-5302	Purpose of Disbursement flowers	Transaction ID : BD941DADDE4CF46B7978
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Sun Corners Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address WEST 230th & Irwin Ave		Amount of Each Disbursement this Period 64.08
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement gas	Transaction ID : B048B49F2D6B74D818F3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Whole Foods Market		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 20005		Amount of Each Disbursement this Period 432.23
City Washington	State DC	
Zip Code 20005-0000	Purpose of Disbursement Catering for fundraiser	Transaction ID : B5BBF1CBF49D745A893C
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	43145.44

**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 27	
	<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)
Engel for Congress

Full Name (Last, First, Middle Initial) A. Kathleen Rice for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address P.O. Box 744		Amount of Each Disbursement this Period 1000.00 Transaction ID : B9A1BD190FB8D46A1A58
City Mineola State NY Zip Code 11501-0744	Purpose of Disbursement Contribution to NY06	
Candidate Name Kathleen Rice	Category/Type	
Office Sought: <input checked="" 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: NY District: 06		

Full Name (Last, First, Middle Initial) B. Bera for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address PO Box 582496		Amount of Each Disbursement this Period 1000.00 Transaction ID : BFCD05FAD3C1B40DEBD0
City Elk Grove State CA Zip Code 95758-0042	Purpose of Disbursement Contribution to CA07	
Candidate Name Dr. Ami Bera	Category/Type	
Office Sought: <input checked="" 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: CA District: 07		

Full Name (Last, First, Middle Initial) c. Pat Murphy for Iowa		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address PO BOX 692		Amount of Each Disbursement this Period 1000.00 Transaction ID : B543E1EB36B6B4B438BD
City Dubuque State IA Zip Code 52004-0692	Purpose of Disbursement Contribution to IA01	
Candidate Name Pat Murphy	Category/Type	
Office Sought: <input checked="" 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: IA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00