

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Nan Hayworth

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	291614.00	1639650.37
(b) Total Contribution Refunds (from Line 20(d))	5200.00	8871.90
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	286414.00	1630778.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	126119.47	521764.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	351.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	126119.47	521412.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1271282.13	
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).....	500000.00	

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

Friends of Nan Hayworth

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	141039.00	827946.22
(ii) Unitemized.....	11476.00	44740.37
(iii) TOTAL of contributions from individuals ▶	152515.00	872686.59
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	139099.00	761963.78
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	291614.00	1639650.37
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	2885.81	73347.15
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	351.40
15. OTHER RECEIPTS (Dividends, Interest, etc.)	439.90	846.08
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	294939.71	1714195.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	126119.47	521764.13
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	5200.00	8645.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	226.90
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5200.00	8871.90
21. OTHER DISBURSEMENTS	0.00	15000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	131319.47	545636.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1107661.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	294939.71
25. SUBTOTAL (add Line 23 and Line 24).....	1402601.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	131319.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1271282.13

**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 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
SHAWN L. AUCHMOODY

Mailing Address **11 ROBINSON LANE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590**

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

Name of Employer **A.S.O. LIMOUSINE SERVICE, INC.** Occupation **OWNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.5012

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANN P. BARBERA

Mailing Address **138 WILMONT COURT**

City **HOPEWELL JUNCTION** State **NY** Zip Code **12533**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5094

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM F. BARTELS

Mailing Address **5 N. PAYNE ST.**

City **ELMSFORD** State **NY** Zip Code **10523**

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

Name of Employer **TANTO IRRIGATION** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.5014

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1450.00

**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 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. JONATHAN A. BATH

Mailing Address 54 STONEHOUSE RD.

City SOMERS State NY Zip Code 10589

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

Name of Employer PILKINGTON & LEGGETT Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4983

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SANDRA BEATY

Mailing Address 240 WINDING WAY

City MOUNT JULIET State TN Zip Code 37122

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4969

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 358 N. BROADWAY

City SLEEPY HOLLOW State NY Zip Code 10591

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

Name of Employer ENT AND ALLERGY ASSOCIATES Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2012

Transaction ID : SA11.4630

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **358 N. BROADWAY**

City **SLEEPY HOLLOW** State **NY** Zip Code **10591**

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

Name of Employer **ENT AND ALLERGY ASSOCIATES** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1800.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 08 / 2012

Transaction ID : SA11.4833

Amount of Each Receipt this Period
800.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL G. BIRMINGHAM

Mailing Address **P.O. BOX 244**

City **BREWSTER** State **NY** Zip Code **10509**

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

Name of Employer **HAWKINS AND ASSOCIATES** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4986

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **628 WEST ROAD**

City **NEW CANAAN** State **CT** Zip Code **06840**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 17 / 2012

Transaction ID : SA11.4876

Amount of Each Receipt this Period
4000.00
 CONTRIBUTION

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

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

5300.00

**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 134
	<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)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. SUSAN BISHOP		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012	
Mailing Address 628 WEST ROAD		Transaction ID : SA11.4876B	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ -1500.00	
Name of Employer N/A		Occupation N/A	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 4000.00	
		CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL	

Full Name (Last, First, Middle Initial) B. SUSAN BISHOP		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012	
Mailing Address 628 WEST ROAD		Transaction ID : SA11.5064	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 1500.00	
Name of Employer N/A		Occupation N/A	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 4000.00	
		CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY	

Full Name (Last, First, Middle Initial) C. KIMBERLY A. BOTTINI		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012	
Mailing Address 19 REED ROAD		Transaction ID : SA11.5190	
City NEW HAMBURG	State NY	Zip Code 12590	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 5000.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF		Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 5000.00	
		CONTRIBUTION	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
KIMBERLY A. BOTTINI

Mailing Address 19 REED ROAD

City NEW HAMBURG State NY Zip Code 12590

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5190B

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
KIMBERLY A. BOTTINI

Mailing Address 19 REED ROAD

City NEW HAMBURG State NY Zip Code 12590

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5218

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. MARK J. BOTTINI

Mailing Address 19 REEN ROAD

City NEW HAMBURG State NY Zip Code 12590

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

Name of Employer BOTTINI FUEL Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5183

Amount of Each Receipt this Period
4790.00

CONTRIBUTION

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

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

4790.00

**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 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. MARK J. BOTTINI

Mailing Address 19 REEN ROAD

City NEW HAMBURG State NY Zip Code 12590

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

Name of Employer BOTTINI FUEL Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5183B

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
MR. MARK J. BOTTINI

Mailing Address 19 REEN ROAD

City NEW HAMBURG State NY Zip Code 12590

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

Name of Employer BOTTINI FUEL Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5220

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
DAVID L. BRONSON

Mailing Address 70 OLD PLANK LANE

City MORELAND HILLS State OH Zip Code 44022

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

Name of Employer CLEVELAND CLINIC Occupation PHYSICIAN/EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2012

Transaction ID : SA11.4632

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ED BROWN

Mailing Address **805 59TH STREET**

City **WEST DES MOINES** State **IA** Zip Code **50266**

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

Name of Employer **THE IOWA CLINIC, P.C.** Occupation **C.E.O.**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : SA11.4879

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JUDY BUKOSKY

Mailing Address **5302 SUMMERWOOD DRIVE**

City **TEMPLE** State **TX** Zip Code **76502**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5083

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **13 HASBROUCK DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603**

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

Name of Employer **MARIST COLLEGE** Occupation **PROFESSOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5106

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 12 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
KIRSTEN AXELSEN CARMEL

Mailing Address **252 7TH AVENUE, APT. 18E**

City **NEW YORK** State **NY** Zip Code **10001**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4973

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NICOLAS CHASE

Mailing Address **32 STAPLETON COURT**

City **MIDDLETOWN** State **NY** Zip Code **10940**

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

Name of Employer **ENTERGY** Occupation **NUCLEAR PLANT OPERATOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 11 / 2012

Transaction ID : SA11.4662

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **32 STAPLETON COURT**

City **MIDDLETOWN** State **NY** Zip Code **10940**

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

Name of Employer **ENTERGY** Occupation **NUCLEAR PLANT OPERATOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 04 / 2012

Transaction ID : SA11.4913

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
THE CHICKASAW NATION

Mailing Address 2020 LONNIE ABBOTT BLVD.

City ADA State OK Zip Code 74820

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

Name of Employer NATIVE AMERICAN TRIBE Occupation NATIVE AMERICAN TRIBE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2012

Transaction ID : SA11.4875

Amount of Each Receipt this Period
 1250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PATRICK B. CLINE

Mailing Address 2707 YORK COURT

City SOUTHLAKE State TX Zip Code 76092

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

Name of Employer QUALITY SYSTEMS, INC. Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11.5080

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PATRICK B. CLINE

Mailing Address 1500 CHESTNUT STREET, #20H

City PHILADELPHIA State PA Zip Code 19102

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

Name of Employer NESTGEN HEALTHCARE Occupation SALES EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5151

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PATRICK B. CLINE

Mailing Address **2707 YORK COURT**

City **SOUTHLAKE** State **TX** Zip Code **76092**

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

Name of Employer **QUALITY SYSTEMS, INC.** Occupation **EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : SA11.5201

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFF COOK

Mailing Address **99 MAIN STREET**

City **COLD SPRING** State **NY** Zip Code **10516**

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

Name of Employer **SELF-EMPLOYED** Occupation **PUBLIC AFFAIRS CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : SA11.4878

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER B. COWIE

Mailing Address **36 REVOLUTIONARY ROAD**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : SA11.4915

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

SEE REATTRIBUTION

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER B. COWIE

Mailing Address **36 REVOLUTIONARY ROAD**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

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

Name of Employer **SELF-EMPLOYED** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : SA11.4915B

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

B. Full Name (Last, First, Middle Initial)
SUSAN COWIE

Mailing Address **36 REVOLUTIONARY ROAD**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : SA11.4919

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

C. Full Name (Last, First, Middle Initial)
FRANCIS J. CROSSON JR.

Mailing Address **1491 HAMILTON AVENUE**

City **PALO ALTO** State **CA** Zip Code **94301**

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

Name of Employer **THE PERMANENTE MEDICAL GROUP** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4999

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1000.00

**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 16 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. KEVIN W. DAHILL

Mailing Address **20 W. PALISADE AVENUE, #2234**

City **ENGLEWOOD** State **NJ** Zip Code **07631**

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

Name of Employer **HEALTHCARE ASSN. OF NEW YORK STATE** Occupation **EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4980

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK S. DEFRANCESCO

Mailing Address **35 TERRELL FARM PLACE**

City **CHESHIRE** State **CT** Zip Code **06410**

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

Name of Employer **WOMEN'S HEALTH CONNECTICUT** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 21 / 2012

Transaction ID : SA11.5037

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 518**

City **LINCOLNDALE** State **NY** Zip Code **10540**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4964

Amount of Each Receipt this Period
4000.00
 CONTRIBUTION

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

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

4550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CAMILLE DEMARTINO

Mailing Address P.O. BOX 518

City: LINCOLNDALE State: NY Zip Code: 10540

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

Name of Employer: N/A Occupation: HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 03 / 20 / 2012

Transaction ID : SA11.4964B

Amount of Each Receipt this Period: -1500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
CAMILLE DEMARTINO

Mailing Address P.O. BOX 518

City: LINCOLNDALE State: NY Zip Code: 10540

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

Name of Employer: N/A Occupation: HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 03 / 20 / 2012

Transaction ID : SA11.4978

Amount of Each Receipt this Period: 1500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 14 GRANT PLACE

City: ARLINGTON State: TX Zip Code: 76013

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

Name of Employer: MEDICAL CLINIC OF N. TEXAS Occupation: PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 28 / 2012

Transaction ID : SA11.5062

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
RUSSELL DICKEY

Mailing Address 405 BAYOU VISTA

City SOUTLAKE State TX Zip Code 76092

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

Name of Employer MEDICAL CLINIC OF NORTH TEXAS Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5133

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DONALD DIXON

Mailing Address DDIXON@TRIDENTCAP.COM

City ATHERTON State CA Zip Code 94027

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

Name of Employer TRIDENT CAPITAL Occupation VENTURE CAPITAL

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11.5067

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PATRICK DONNELLY

Mailing Address 66 S. CENTRAL

City ELMSFORD State NY Zip Code 10523

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

Name of Employer BELWAY ELECTRICAL CORP. Occupation CONTRACTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.5013

Amount of Each Receipt this Period
 1300.00
 CONTRIBUTION

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

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

4800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MRS. ALLISON G. DUNN-BAMFORD

Mailing Address 133 NARROW ROADS

City Bedford Hills State NY Zip Code 10507

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012

Transaction ID : SA11.4861

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 1713

City Tallahassee State FL Zip Code 32302

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

Name of Employer CAPITAL STRATEGIES, INC Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5139

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 1713

City Tallahassee State FL Zip Code 32302

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

Name of Employer CAPITAL STRATEGIES, INC Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5139B

Amount of Each Receipt this Period
 -2500.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

5050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JAMES EATON

Mailing Address P.O. BOX 1713

City TALLAHASSEE State FL Zip Code 32302

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

Name of Employer CAPITAL STRATEGIES, INC Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5222

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MR. JOEL S. EHRENKRANZ

Mailing Address 375 PARK AVENUE
28TH FLOOR

City NEW YORK State NY Zip Code 10152

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

Name of Employer EHRENKRANZ & EHRENKRANZ, LLP Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012

Transaction ID : SA11.4859

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID K. EMMEL

Mailing Address 28 HENDERSON DRIVE

City AVON State CT Zip Code 06001

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2012

Transaction ID : SA11.4671

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

1100.00

**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 21 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. JOHN D. EYLERS

Mailing Address P.O. BOX 318

City WESTBROOKVILLE State NY Zip Code 12785

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : SA11.4881

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN D. EYLERS

Mailing Address P.O. BOX 318

City WESTBROOKVILLE State NY Zip Code 12785

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4975

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN C. FEDERSPIEL

Mailing Address 7 GIORDANO DRIVE

City CORTLANDT MANOR State NY Zip Code 10567

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

Name of Employer HUDSON VALLEY HOSPITAL CENTER Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4988

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) DONALD W. FISHER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012
Mailing Address 3814 IVANHOE LANE		Transaction ID : SA11.5060
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 2000.00
Name of Employer AMERICAN MEDICAL GROUP ASSOCIATION	Occupation PRESIDENT/C.E.O.	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) LAWRENCE FLEISCHER		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address P.O. BOX 115		Transaction ID : SA11.5131
City POUND RIDGE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 2500.00
Name of Employer SELF-EMPLOYED	Occupation COMMUNICATIONS CONSULTANT	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) MIKE FLOOD		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 07 / 2012
Mailing Address 2200 N WESTMORELAND STREET		Transaction ID : SA11.4831
City ARLINGTON	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 1000.00
Name of Employer CRE FINANCE COUNCIL	Occupation VICE-PRESIDENT	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. BEHREND'S B. FOSTER

Mailing Address 1722 N. NELSON ST.

City ARLINGTON State VA Zip Code 22207

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

Name of Employer **BLUESTONE STRATEGIES** Occupation **PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5115

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCOTT FOWLER

Mailing Address 1258 RIDGE TOP DRIVE

City KINGSPORT State TN Zip Code 37664

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

Name of Employer **HMG** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5135

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRIAN M. FOX

Mailing Address 15750 OLD WEDGEWOOD COURT

City FORT MYERS State FL Zip Code 33908

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

Name of Employer **SELF** Occupation **INVESTMENT MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5141

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

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

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

6250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
BRIAN M. FOX

Mailing Address 15750 OLD WEDGEWOOD COURT

City State Zip Code
FORT MYERS FL 33908

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

Name of Employer Occupation
SELF INVESTMENT MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5141B

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
BRIAN M. FOX

Mailing Address 15750 OLD WEDGEWOOD COURT

City State Zip Code
FORT MYERS FL 33908

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

Name of Employer Occupation
SELF INVESTMENT MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5202

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address 83 FAIRWAY DR

City State Zip Code
STAMFORD CT 06903

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

Name of Employer Occupation
MKMG PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : SA11.4912

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JAMES GERARD

Mailing Address **300 EAST 64TH STREET**

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

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

Name of Employer **NORTH SEA PARTNERS** Occupation **INVESTMENT BANKING**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2012

Transaction ID : SA11.5017

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMEET GOYAL

Mailing Address **167 PURCHASE STRE**

City **RYE** State **NY** Zip Code **10580**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5150

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **265 SUNRISE AVENUE, #204A**

City **PALM BEACH** State **FL** Zip Code **33480**

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

Name of Employer **DEVELOPMENT SERVICES, LLC** Occupation **MANAGING MEMBER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2012

Transaction ID : SA11.5020

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
OLIVER GRACE

Mailing Address 265 SUNRISE AVENUE, #204A

City PALM BEACH State FL Zip Code 33480

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

Name of Employer DEVELOPMENT SERVICES, LLC Occupation MANAGING MEMBER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5134

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PAUL GUILLARO

Mailing Address 75 RANDOM FARMS DRIVE

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer UNICORN CONTRACTING Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4985

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MARC A. HERTZ

Mailing Address 204 COUNTRY RIDGE DRIVE

City RYE BROOK State NY Zip Code 10573

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5148

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

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

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

6500.00

**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 27 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DR. MARC A. HERTZ

Mailing Address 204 COUNTRY RIDGE DRIVE

City RYE BROOK State NY Zip Code 10573

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5148B

Amount of Each Receipt this Period
 -1500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
DR. MARC A. HERTZ

Mailing Address 204 COUNTRY RIDGE DRIVE

City RYE BROOK State NY Zip Code 10573

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5223

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address 1491 GASTON STREET

City WANTAGH State NY Zip Code 11793

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

Name of Employer SELF EMPLOYED Occupation RE MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012

Transaction ID : SA11.4652

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

500.00

**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 28 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NORA A. JOHNSON

Mailing Address **63 COTTONWOOD LANE**

City **BRIARCLIFF** State **NY** Zip Code **10510**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : SA11.4930

Amount of Each Receipt this Period
500.00

CONTRIBUTION

MEMO: refund issued within 60 days of contribution

B. Full Name (Last, First, Middle Initial)
PAUL JOHNSON

Mailing Address **19 BRADFORD COURT**

City **BREWSTER** State **NY** Zip Code **10509**

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

Name of Employer **VERIZON** Occupation **FINANCE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **205.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 10 / 2012

Transaction ID : SA11.4649

Amount of Each Receipt this Period
25.00

CONTRIBUTION

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

Mailing Address **19 BRADFORD COURT**

City **BREWSTER** State **NY** Zip Code **10509**

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

Name of Employer **VERIZON** Occupation **FINANCE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **205.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : SA11.4905

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
RICHARD JOHNSON

Mailing Address 63 COTTONWOOD LANE

City State Zip Code
BRIARCLIFF MANOR NY 10510

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

Name of Employer Occupation
MIDATLANTIC FUND PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : SA11.4929

Amount of Each Receipt this Period
500.00
CONTRIBUTION

MEMO: refund issued within 60 days of contribution

B. Full Name (Last, First, Middle Initial)
RICHARD JOHNSON

Mailing Address 63 COTTONWOOD LANE

City State Zip Code
BRIARCLIFF MANOR NY 10510

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

Name of Employer Occupation
MIDATLANTIC FUND PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.4929B

Amount of Each Receipt this Period
-500.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address 63 COTTONWOOD LANE

City State Zip Code
BRIARCLIFF MANOR NY 10510

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

Name of Employer Occupation
MIDATLANTIC FUND PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5228

Amount of Each Receipt this Period
500.00
CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DR. ROBERT KARSTEN DDS

Mailing Address 158 N. SALEM ROAD

City KATONAH State NY Zip Code 10536

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

Name of Employer SELF-EMPLOYED Occupation DENTIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2012

Transaction ID : SA11.4924

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

Mailing Address 18 SUNDERLAND LANE

City KATONAH State NY Zip Code 10536

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012

Transaction ID : SA11.4832

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH T. KIRCHHOFF

Mailing Address P.O. BOX 675

City PLEASANT VALLEY State NY Zip Code 12569

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

Name of Employer KIRCHHOFF-CONSIGLI CONSTRUCTION Occupation C.E.O.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5167

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

MEMO: refund issued within 60 days of contribution

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 31 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CAROLE KLANG

Mailing Address 800 FIFTH AVE.

City State Zip Code
NEW YORK NY 10065

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

Name of Employer Occupation
RMS MGMT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 07 2012

Transaction ID : SA11.4928

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. PATRICIA KNIGHT

Mailing Address 817 N. LINCOLN ST.

City State Zip Code
ARLINGTON VA 22201

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

Name of Employer Occupation
KNIGHT CAPITOL CONSULTANT CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 15 2012

Transaction ID : SA11.4864

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LEWIS KOHL

Mailing Address 279 HAWLEY ROAD

City State Zip Code
NORTH SALEM NY 10560

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

Name of Employer Occupation
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3332.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 05 2012

Transaction ID : SA11.4942

Amount of Each Receipt this Period
 416.00
 CONTRIBUTION

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

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

3416.00

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

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

FOR LINE NUMBER: PAGE 32 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. LEWIS KOHL

Mailing Address **279 HAWLEY ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560**

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

Name of Employer **MOUNT KISCO MEDICAL GROUP** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3332.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : SA11.5029

Amount of Each Receipt this Period
416.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MELISSA KOHL

Mailing Address **279 HAWLEY ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560**

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

Name of Employer **LAWRENCE HOSPITAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4032.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 05 / 2012

Transaction ID : SA11.4628

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

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

Mailing Address **279 HAWLEY ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560**

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

Name of Employer **LAWRENCE HOSPITAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4032.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2012

Transaction ID : SA11.4938

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

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

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

1216.00

**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 33 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MELISSA KOHL

Mailing Address **279 HAWLEY ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560**

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

Name of Employer **LAWRENCE HOSPITAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4032.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2012

Transaction ID : SA11.4938B

Amount of Each Receipt this Period

-400.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
MELISSA KOHL

Mailing Address **279 HAWLEY ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560**

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

Name of Employer **LAWRENCE HOSPITAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4032.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2012

Transaction ID : SA11.4947

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address **279 HAWLEY ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560**

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

Name of Employer **LAWRENCE HOSPITAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4032.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2012

Transaction ID : SA11.4941

Amount of Each Receipt this Period

416.00

CONTRIBUTION

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

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

416.00

**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 34 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MELISSA KOHL

Mailing Address 279 HAWLEY ROAD

City NORTH SALEM State NY Zip Code 10560

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

Name of Employer LAWRENCE HOSPITAL CENTER Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4032.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2012

Transaction ID : SA11.4941B

Amount of Each Receipt this Period
 -316.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MELISSA KOHL

Mailing Address 279 HAWLEY ROAD

City NORTH SALEM State NY Zip Code 10560

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

Name of Employer LAWRENCE HOSPITAL CENTER Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4032.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2012

Transaction ID : SA11.4945

Amount of Each Receipt this Period
 316.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 279 HAWLEY ROAD

City NORTH SALEM State NY Zip Code 10560

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

Name of Employer LAWRENCE HOSPITAL CENTER Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4032.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : SA11.5027

Amount of Each Receipt this Period
 400.00

CONTRIBUTION

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) MELISSA KOHL		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2012
Mailing Address 279 HAWLEY ROAD		Transaction ID : SA11.5028
City NORTH SALEM	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 416.00
Name of Employer LAWRENCE HOSPITAL CENTER	Occupation PHYSICIAN	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4032.00	

Full Name (Last, First, Middle Initial) BARRY KROSSER		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 02 / 2012
Mailing Address 28 RANDOM FARMS CIRCLE		Transaction ID : SA11.4825
City CHAPPAQUA	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 750.00
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) ROSS LEHRMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2012
Mailing Address 235 GARTH ROAD, #E2A		Transaction ID : SA11.5075
City SCARSDALE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 1000.00
Name of Employer INNOVATION INTERACTIVE	Occupation ADVERTISING	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

SUBTOTAL of Receipts This Page (optional).....	2166.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
STEPHEN LEONARD

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City ATLANTA State GA Zip Code 30350

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012

Transaction ID : SA11.4906

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEPHEN LEONARD

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City ATLANTA State GA Zip Code 30350

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11.5071

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address 15 SARLES ROAD

City POUND RIDGE State NY Zip Code 10576

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5124

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 37 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JANET S. LEVY

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11.5077

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LEORA LEVY

Mailing Address 59 PECKSLAND ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11.5059

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROSS S. LEVY

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11.5076

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

6500.00

**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 38 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) ROSS S. LEVY		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012	
Mailing Address 14 DEVOE ROAD		Transaction ID : SA11.5076B	
City CHAPPAQUA	State NY	Amount of Each Receipt this Period _____ -300.00	
Zip Code 10514		CONTRIBUTION	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] REDESIGNATION TO GENERAL	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2800.00		

Full Name (Last, First, Middle Initial) ROSS S. LEVY		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012	
Mailing Address 14 DEVOE ROAD		Transaction ID : SA11.5206	
City CHAPPAQUA	State NY	Amount of Each Receipt this Period _____ 300.00	
Zip Code 10514		CONTRIBUTION	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] REDESIGNATION FROM PRIMARY	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2800.00		

Full Name (Last, First, Middle Initial) MR. PAUL LOBO		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2012	
Mailing Address 3601 CONNECTICUT AVE., NW APT. 605		Transaction ID : SA11.4916	
City WASHINGTON	State DC	Amount of Each Receipt this Period _____ 250.00	
Zip Code 20008		CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer CLARK & WEINSTOCK	Occupation GOVT AFFAIRS		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 250.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
VIRGINIA LOPER

Mailing Address 3309 23RD ST N

City ARLINGTON State VA Zip Code 22201

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

Name of Employer LOPER CONSULTING Occupation LOBBYIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : SA11.4958

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOUGLAS MAINE

Mailing Address 142 SARLES STREET

City BEDFORD CORNERS State NY Zip Code 10549

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

Name of Employer BROWN BROTHERS HARRIMAN Occupation LIMITED PARTNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : SA11.5038

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

Mailing Address 142 SARLES STREET

City BEDFORD CORNERS State NY Zip Code 10549

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

Name of Employer BROWN BROTHERS HARRIMAN Occupation LIMITED PARTNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5038B

Amount of Each Receipt this Period
 -2500.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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 40 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DOUGLAS MAINE

Mailing Address **142 SARLES STREET**

City **BEDFORD CORNERS** State **NY** Zip Code **10549**

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

Name of Employer **BROWN BROTHERS HARRIMAN** Occupation **LIMITED PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5208

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
FREDERIC MALEK

Mailing Address **1259 CREST LANE**

City **MCLEAN** State **VA** Zip Code **22101**

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

Name of Employer **THAYER LODGING GROUP** Occupation **CHAIRMAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 14 / 2012

Transaction ID : SA11.4956

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BELLA M. MALITS

Mailing Address **10 CITY PLACE, #10E**

City **WHITE PLAINS** State **NY** Zip Code **10601**

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

Name of Employer **MOUNT KISCO MEDICAL GROUP** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1650.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 15 / 2012

Transaction ID : SA11.4665

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 41 OF 134
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 11e 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
BELLA M. MALITS

Mailing Address 10 CITY PLACE, #10E

City State Zip Code
WHITE PLAINS NY 10601

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

Name of Employer Occupation
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012

Transaction ID : SA11.4895

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BELLA M. MALITS

Mailing Address 10 CITY PLACE, #10E

City State Zip Code
WHITE PLAINS NY 10601

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

Name of Employer Occupation
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11.5078

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PATRICK R. MARTONE

Mailing Address DMN MANAGEMENT SERVICES, LLC
CAPITAL LIVING AND REHABILITATION

City State Zip Code
SCHENECTADY NY 12305

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

Name of Employer Occupation
CAPITAL LIVING AND REHABILITATION CEN CHIEF EXECUTIVE OFFICER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012

Transaction ID : SA11.4849

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
EVON MAURIELLO

Mailing Address **1 FRANKLIN AVENUE, #3B**

City **WHITE PLAINS** State **NY** Zip Code **10601**

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

Name of Employer **VILLAGE OF PLEASANTVILLE** Occupation **OFFICE MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 05 / 2012

Transaction ID : SA11.4629

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EVON MAURIELLO

Mailing Address **1 FRANKLIN AVENUE, #3B**

City **WHITE PLAINS** State **NY** Zip Code **10601**

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

Name of Employer **VILLAGE OF PLEASANTVILLE** Occupation **OFFICE MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2012

Transaction ID : SA11.4939

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

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

Mailing Address **1 FRANKLIN AVENUE, #3B**

City **WHITE PLAINS** State **NY** Zip Code **10601**

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

Name of Employer **VILLAGE OF PLEASANTVILLE** Occupation **OFFICE MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : SA11.5026

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

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

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

105.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JAISHREE MCLANE

Mailing Address **14 DAPPLEGRAY ROAD**

City **BELL CANYON** State **CA** Zip Code **91307**

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

Name of Employer **PROVIDENCE** Occupation **I.T. MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : SA11.4925

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL B. MCMANUS

Mailing Address **4 WOODS BRIDGE ROAD**

City **KATONAH** State **NY** Zip Code **10536**

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

Name of Employer **CLARK ASSOCIATES FUNERAL HOME** Occupation **DIRECTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : SA11.4890

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **795 HERITAGE HILLS, UNIT C**

City **SOMERS** State **NY** Zip Code **10589**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.5016

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

**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 44 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
RONALD MCPHEE

Mailing Address **795 HERITAGE HILLS, UNIT C**

City **SOMERS** State **NY** Zip Code **10589**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : SA11.5074

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARIE E. METZGER

Mailing Address **3 VAN WYCK LANE, #1**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590**

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

Name of Employer **METZGER CONSTRUCTION CORP.** Occupation **EXCAVATION**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.5004

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CORBIN R. MILLER

Mailing Address **1165 5TH AVENUE**

City **NEW YORK** State **NY** Zip Code **10029**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4968

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1250.00

**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 45 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JASON MOON

Mailing Address 15780 OLD WEDGEWOOD CT

City State Zip Code
FORT MYERS FL 33908

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

Name of Employer Occupation
RADIATION THERAPY SERVICES, INC. CORPORATE ADMINISTRATIVE DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5091

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JASON MOON

Mailing Address 15780 OLD WEDGEWOOD CT

City State Zip Code
FORT MYERS FL 33908

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

Name of Employer Occupation
RADIATION THERAPY SERVICES, INC. CORPORATE ADMINISTRATIVE DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5091B

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address 15780 OLD WEDGEWOOD CT

City State Zip Code
FORT MYERS FL 33908

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

Name of Employer Occupation
RADIATION THERAPY SERVICES, INC. CORPORATE ADMINISTRATIVE DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5210

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

5000.00

**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 46 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
TRACY MULROY

Mailing Address 10009 COVENTRY WAY

City State Zip Code
BETHESDA MD 20817

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : SA11.4917

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RAGHDA M. NESHEIWAT

Mailing Address 852 FREEDOM PLAINS ROAD

City State Zip Code
POUGHKEEPSIE NY 12603

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2012

Transaction ID : SA11.4853

Amount of Each Receipt this Period
200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ERIK A. NICOLAYSEN

Mailing Address P.O. BOX 108

City State Zip Code
CHAPPAQUA NY 10514

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE AGENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : SA11.5039

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2200.00

**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 47 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DANIEL J. O'KANE

Mailing Address 15 SOLURI LANE

City State Zip Code
TOMKINS COVE NY 10986

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

Name of Employer Occupation
O'KANE CONSTRUCTION OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3501.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 21 / 2012

Transaction ID : SA11.5061

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN J. ORICCHIO

Mailing Address 5 HEERDT FARM LANE

City State Zip Code
POUND RIDGE NY 10576

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

Name of Employer Occupation
MOUNT KISCO MEDICAL GROUP PODIATRIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4974

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 31 MAJOR TALMADGE LANE

City State Zip Code
POUND RIDGE NY 10576

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

Name of Employer Occupation
STERLING NATIONAL BANK LOAN OFFICIER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : SA11.5069

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1000.00

**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 48 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. JOHN J. PILKINGTON

Mailing Address 720 MILTON ROAD

City RYE State NY Zip Code 10580

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

Name of Employer PILKINGTON & LEGGETT, P.C. Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2012

Transaction ID : SA11.4951

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARY ELLEN PILKINGTON

Mailing Address 720 MILTON ROAD

City RYE State NY Zip Code 10580

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

Name of Employer GAMCO ASSET MANAGEMENT Occupation STOCK BROKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2012

Transaction ID : SA11.4950

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

Mailing Address 2590 FRISBY AVENUE

City BRONX State NY Zip Code 10461

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5145

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

900.00

**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 49 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **178 EAST 71ST STREET**

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

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2012

Transaction ID : SA11.4954

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS F. PURDON

Mailing Address **706 E. BENT BRANCH PLACE**

City **GREEN VALLEY** State **AZ** Zip Code **85614**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5130

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **210 E 47TH ST, APT 9C**

City **NEW YORK** State **NY** Zip Code **10017**

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

Name of Employer **PGM, INC** Occupation **GROUP INSURANCE SALES AND SERVICE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5090

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LONNY REISMAN

Mailing Address **7 BLACK ROCK ROAD**

City **GLEN HEAD** State **NY** Zip Code **11545**

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

Name of Employer **AETNA** Occupation **PHYSICIAN EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5138

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JONATHAN R. REYNOLDS

Mailing Address **P.O. BOX 130**

City **GARRISON** State **NY** Zip Code **10524**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2012

Transaction ID : SA11.4933

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JONATHAN R. REYNOLDS

Mailing Address **P.O. BOX 130**

City **GARRISON** State **NY** Zip Code **10524**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2012

Transaction ID : SA11.6000

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

2000.00

**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 51 OF 134
	<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)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) MITCHELL ROSLIN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 3 COLE DRIVE		Transaction ID : SA11.5140
City ARMONK	State NY	Zip Code 10504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer NSLIJ	Occupation M.D.	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MATTHEW ROTHFLEISCH		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2012
Mailing Address 3 EDWARDS COURT		Transaction ID : SA11.5066
City BEDFORD CORNERS	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00 CONTRIBUTION	
Name of Employer DEL MAR ASSET MANAGEMENT	Occupation PORTFOLIO MANAGER	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) DOUGLAS RUBIN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2012
Mailing Address 45 LAUREL RD		Transaction ID : SA11.4931
City PRINCETON	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00 CONTRIBUTION	
Name of Employer RUBIN8188 LLC	Occupation BOOKKEEPER	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

SUBTOTAL of Receipts This Page (optional).....	3050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DOUGLAS RUBIN

Mailing Address 45 LAUREL RD

City State Zip Code
PRINCETON NJ 08540

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

Name of Employer Occupation
RUBIN8188 LLC BOOKKEEPER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5092

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARC STEVEN SCARDUFFA

Mailing Address 325 WEST 93RD ST., #51

City State Zip Code
NEW YORK NY 10025

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

Name of Employer Occupation
PFIZER CORPORATE EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4967

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 99 RICHMOND HILL ROAD

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 03 / 2012

Transaction ID : SA11.4615

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

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

3250.00

**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 53 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
F. MICHAEL SHAW

Mailing Address **2 CHERRY HILL COURT**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

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

Name of Employer **MOUNT KISCO MEDICAL GROUP** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 04 / 2012

Transaction ID : SA11.4626

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANGELA M. SKRETTA

Mailing Address **P.O. BOX 357**

City **NEW PALTZ** State **NY** Zip Code **12561**

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

Name of Employer **NORMET HOSPITAL ASSN.** Occupation **V.P.**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4981

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREGORY SLAMOWITZ

Mailing Address **137 RIVERSIDE DRIVE, #6D**

City **NEW YORK** State **NY** Zip Code **10024**

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

Name of Employer **AMBROSE EMPLOYER GROUP, LLC** Occupation **C.E.O.**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5189

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

3150.00

**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 54 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
SHAWN A. SMEALLIE

Mailing Address 1310 BISHOP LANE

City State Zip Code
ALEXANDRIA VA 22302

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

Name of Employer Occupation
AMERICAN CONTINENTAL GROUP INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11.5054

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES P. SMITH JR.

Mailing Address 12 EAGLES WAY

City State Zip Code
MIDDLETOWN NY 10940

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5105

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CLINTON I. SMULLYAN

Mailing Address 18 E. 48TH STREET, 19TH FLOOR

City State Zip Code
NEW YORK NY 10017

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

Name of Employer Occupation
MOSBACHER PROPERTIES GROUP, LLC EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4966

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. CLINTON I. SMULLYAN

Mailing Address 18 E. 48TH STREET, 19TH FLOOR

City NEW YORK State NY Zip Code 10017

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

Name of Employer MOSBACHER PROPERTIES GROUP, LLC Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5087

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVEN M. SOLD

Mailing Address 2 HIXON ROAD

City CROTON ON HUDSON State NY Zip Code 10520

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

Name of Employer PILKINGTON & LEGGETT Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4989

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 30 GRIFFEN AVE.

City SCARSDALE State NY Zip Code 10583

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

Name of Employer SELF Occupation RETIRED PLASTIC SURGEON

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012

Transaction ID : SA11.4830

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1250.00

**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 56 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
WILLIAM D. SPAIN

Mailing Address 191 EAST LAKE BLVD.

City MAHOPAC State NY Zip Code 10541

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

Name of Employer SPAIN & SPAIN, PC Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11.5055

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SOLOMON S. STEINER

Mailing Address 24 OLD WAGON ROAD

City MOUNT KISCO State NY Zip Code 10549

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

Name of Employer STEINER VENTURES Occupation MANAGING PARTNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3060.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5122

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SOLOMON S. STEINER

Mailing Address 24 OLD WAGON ROAD

City MOUNT KISCO State NY Zip Code 10549

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

Name of Employer STEINER VENTURES Occupation MANAGING PARTNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3060.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5122B

Amount of Each Receipt this Period
 -560.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
SOLOMON S. STEINER

Mailing Address **24 OLD WAGON ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549**

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

Name of Employer **STEINER VENTURES** Occupation **MANAGING PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3060.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5215

Amount of Each Receipt this Period
560.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MR. KENNETH M. STENGER

Mailing Address **1136 ROUTE 9**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590**

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

Name of Employer **VERGILIS, STENGER, ROBERTS, LLC** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.5002

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **6 AUTUMN RIDGE ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576**

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

Name of Employer **LINDEN'S** Occupation **EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2012

Transaction ID : SA11.4667

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2012

Transaction ID : SA11.4627

Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2012

Transaction ID : SA11.4631

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2012

Transaction ID : SA11.4640

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

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

135.00

**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 59 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2012

Transaction ID : SA11.4937

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2012

Transaction ID : SA11.4940

Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2012

Transaction ID : SA11.4943

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

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

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

110.00

**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 60 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : SA11.5030

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : SA11.5031

Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : SA11.5032

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

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

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

110.00

**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 61 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. LARRY TATUM

Mailing Address **4708 LAFAYETTE AVENUE**

City **FORT WORTH** State **TX** Zip Code **76107**

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

Name of Employer **TEXAS HEALTH CARE** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 03 / 2012

Transaction ID : SA11.4936

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEPHEN TREACY

Mailing Address **4 QUEEN ANNE LANE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590**

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

Name of Employer **MASTERCARD WORLDWIDE** Occupation **PROGRAMMER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5129

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **21 BISBEE LANE**

City **BEDFORD HILLS** State **NY** Zip Code **10507**

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

Name of Employer **NORTHERN WESTCHESTER HOSPITAL** Occupation **SVP**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2012

Transaction ID : SA11.5041

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

3250.00

**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 62 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. SCOTT VALLAR

Mailing Address **21 BISBEE LANE**

City **BEDFORD HILLS** State **NY** Zip Code **10507**

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

Name of Employer **GUARD HILL ADVISORS** Occupation **INVESTMENT ADVISOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2012

Transaction ID : SA11.4893

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK WEBSTER

Mailing Address **131 WATERMELON HILL ROAD**

City **MAHOPAC** State **NY** Zip Code **10541**

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

Name of Employer **HUDSON VALLEY HOSPITAL CENTER** Occupation **CHIEF FINANCIAL OFFICER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4991

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CARL D. WEINBERG

Mailing Address **52 WEST LANE**

City **POUND RIDGE** State **NY** Zip Code **10576**

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

Name of Employer **SCHIARETTI, CORGAN ET AL** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1360.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 17 / 2012

Transaction ID : SA11.4868

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1650.00

**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 63 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
GENE WEXLER

Mailing Address **4 HERKIMER ROAD**

City **SCARSDALE** State **NY** Zip Code **10583**

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

Name of Employer **ASCENA RETAIL GROUP, INC.** Occupation **LAWYER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 14 / 2012

Transaction ID : SA11.4846

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEPHAN WHELAN

Mailing Address **405 LEXINGTON AVENUE**

City **NEW YORK** State **NY** Zip Code **10174**

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

Name of Employer **BLANK ROME** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 14 / 2012

Transaction ID : SA11.4955

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. H. JAY WISNICKI

Mailing Address **8 UNION SQUARE SOUTH**

City **NEW YORK** State **NY** Zip Code **10003**

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

Name of Employer **UNION SQUARE EYE CARE** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2012

Transaction ID : SA11.4965

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

4500.00

**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 64 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DR. WILLIAM G. WOLFF

Mailing Address 32-25 FRANCIS LEWIS BLVD.

City BAYSIDE State NY Zip Code 11358

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

Name of Employer RAMS Occupation CHAIRMAN, DEP. OF RADIOLOGY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4971

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOUIS WOODHILL

Mailing Address 7 HAMPTON CT

City HOUSTON State TX Zip Code 77024

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

Name of Employer DIGABIT Occupation CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5125

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 12 OLD LOGGING ROAD

City BEDFORD State NY Zip Code 10506

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

Name of Employer SESCO ENTERPRISES, LLC Occupation C.T.O.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11.5073

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1350.00

141039.00

**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 65 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City State Zip Code
THE WOODLANDS TX 77387

FEC ID number of contributing federal political committee. **C C00311043**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5184

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City State Zip Code
COLLINSVILLE IL 62234

FEC ID number of contributing federal political committee. **C C00258855**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5164

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City State Zip Code
COLLINSVILLE IL 62234

FEC ID number of contributing federal political committee. **C C00258855**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5165

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

4000.00

**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 66 OF 134
	<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)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) GRASSY SPRAIN PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2012
Mailing Address P.O. BOX 189 - CENTUCK STATION		Transaction ID : SA11.4948
City YONKERS	State NY	Zip Code 10710
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) ACTON PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address P.O. BOX 442		Transaction ID : SA11.5188
City SHARPSBURG	State GA	Zip Code 30277
FEC ID number of contributing federal political committee. C C00411579	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) AETNA, INC. PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address 20 F STREET, N.W., #350		Transaction ID : SA11.5108
City WASHINGTON	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00181826	Amount of Each Receipt this Period 2500.00 CONTRIBUTION	
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 134
	<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)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) AFLAC PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 15 / 2012
Mailing Address 1932 WYNNTON ROAD		Transaction ID : SA11.4862
City COLUMBUS	State Zip Code GA 31999	
FEC ID number of contributing federal political committee. C C00034157		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) AMBULATORY SURGERY CENTER ASSN. PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 1012 CAMERON ST.		Transaction ID : SA11.5176
City ALEXANDRIA	State Zip Code VA 22314	
FEC ID number of contributing federal political committee. C C00424788		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF OPHTHALMOLOGY PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address 655 BEACH STREET		Transaction ID : SA11.5107
City SAN FRANCISCO	State Zip Code CA 94109	
FEC ID number of contributing federal political committee. C C00196246		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 134
	<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	

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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11.5042

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5042B

Amount of Each Receipt this Period
 -1000.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5224

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

1000.00

**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 69 OF 134
	<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	

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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSN. PAC

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4970

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSN. PAC

Mailing Address 919 18TH STREET, N.W., #300

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5182

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL GROUP ASSOCIATION PAC

Mailing Address P.O. BOX 26366

City ALEXANDRIA State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00408120

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5163

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 134
<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	

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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL GROUP ASSOCIATION PAC

Mailing Address P.O. BOX 26366

City: ALEXANDRIA State: VA Zip Code: 22313

FEC ID number of contributing federal political committee: **C** C00408120

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 8000.00

Date of Receipt: 03 / 31 / 2012

Transaction ID : SA11.5163B

Amount of Each Receipt this Period: -3000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL GROUP ASSOCIATION PAC

Mailing Address P.O. BOX 26366

City: ALEXANDRIA State: VA Zip Code: 22313

FEC ID number of contributing federal political committee: **C** C00408120

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 8000.00

Date of Receipt: 03 / 31 / 2012

Transaction ID : SA11.5225

Amount of Each Receipt this Period: 3000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION

Mailing Address 1111 N FAIRFAX ST

City: ALEXANDRIA State: VA Zip Code: 22314

FEC ID number of contributing federal political committee: **C** C00012880

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 06 / 2012

Transaction ID : SA11.4923

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

1000.00

**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 71 OF 134
<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AREVA, COGEMA, FRAMATOME ANP PAC

Mailing Address 4800 HAMPDEN LANE
SUITE 1100

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C C00395285**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : SA11.5050

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSOCIATION FOR THE ADVANCEMENT OF PSYCHOLOGY

Mailing Address P.O. BOX 38129

City State Zip Code
COLORADO SPRINGS CO 80937-8129

FEC ID number of contributing federal political committee. **C C00002956**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 07 / 2012

Transaction ID : SA11.4852

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 1006 PENDLETON ST.

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00506535**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5104

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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 72 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL PAC

Mailing Address 1455 PENNSYLVANIA AVENUE, N.W., #9

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00364778**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2012

Transaction ID : SA11.4873

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BARCLAYS GROUP U.S., INC. PAC

Mailing Address 2001 K STREET, N.W., 11TH FLOOR

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : SA11.5033

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BARCLAYS GROUP U.S., INC. PAC

Mailing Address 2001 K STREET, N.W., 11TH FLOOR

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : SA11.5033B

Amount of Each Receipt this Period
 -2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CITIGROUP, INC. PAC-FEDERAL

Mailing Address 1101 PENNSYLVANIA AVENUE, N.W., #1

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11.5046

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CNA CITIZENS FOR GOOD GOVERNMENT

Mailing Address 333 SOUTH WABASH, 43-S

City CHICAGO State IL Zip Code 60604

FEC ID number of contributing federal political committee. **C C00078287**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5166

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS PAC

Mailing Address 1350 I STREET, N.W., #590

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012

Transaction ID : SA11.4888

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CONCORD 51 PAC

Mailing Address **245 PARK AVENUE**
24TH FLOOR

City **NEW YORK** State **NY** Zip Code **10167**

FEC ID number of contributing federal political committee. **C C00500454**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : SA11.4922

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CONSOLIDATED EDISON, INC. EMPLOYEES' PAC

Mailing Address **4 IRVING PLACE, ROOM 1650-S**

City **NEW YORK** State **NY** Zip Code **10003**

FEC ID number of contributing federal political committee. **C C00055616**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5103

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CONSTELLATION ENERGY FEDERAL PAC

Mailing Address **100 CONSTELLATION WAY**
SUITE 1000C

City **BALTIMORE** State **MD** Zip Code **21202**

FEC ID number of contributing federal political committee. **C C00041376**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : SA11.5048

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3600.00

**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 76 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CONTINUING A MAJORITY PAC

Mailing Address 5915 EASTMAN AVENUE, #100

City MIDLAND State MI Zip Code 48640

FEC ID number of contributing federal political committee. **C** C00350462

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5179

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

Mailing Address 500 8TH STREET, NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2012

Transaction ID : SA11.4863

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DYKEMA GOSSETT FEDERAL PAC

Mailing Address 201 TOWNSEND STREET, #900

City LANSING State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00342113

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11.5047

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

6500.00

**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 77 OF 134
	<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)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) ENTERGY CORPORATION PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2012
Mailing Address 101 CONSTITUTION AVE., NW SUITE 200 EAST		Transaction ID : SA11.4914
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00363879		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) HUMANA, INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address 975 F STREET, N.W., #550		Transaction ID : SA11.5099
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00271007		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) IND. INSUR. AGENTS & BROKERS OF AMER. PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address 412 FIRST STREET, S.E., #300		Transaction ID : SA11.5111
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00022343		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7000.00	

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
INTL. COUNCIL OF SHOPPING CENTERS PAC

Mailing Address 555 12TH STREET, N.W., #660

City WASHINGTON	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5102

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INTL. COUNCIL OF SHOPPING CENTERS PAC

Mailing Address 555 12TH STREET, N.W., #660

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5174

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
INTL. COUNCIL OF SHOPPING CENTERS PAC

Mailing Address 555 12TH STREET, N.W., #660

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5174B

Amount of Each Receipt this Period
 -3000.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

5000.00

**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 79 OF 134			
	<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

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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
INTL. COUNCIL OF SHOPPING CENTERS PAC

Mailing Address 555 12TH STREET, N.W., #660

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5226

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
JOBS, ECONOMY AND BUDGET FUND

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5181

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 600 14TH STREET, NW
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012

Transaction ID : SA11.4891

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

4500.00

**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 80 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC

Mailing Address P.O. BOX 18254

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5186

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C C00415208**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5180

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MANAGED FUNDS ASSOCIATION PAC

Mailing Address 600 14TH STREET, NW, SUITE 900

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00306894**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2012

Transaction ID : SA11.4952

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 134
	<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)
Friends of Nan Hayworth

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

Mailing Address 1856 OLD RESTON VA, STE 205

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00233247

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5118

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MASSACHUSETTS MUTUAL LIFE INSURANCE PAC

Mailing Address 1295 STATE STREET

City SPRINGFIELD State MA Zip Code 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5114

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MCKESSON CORP. EMPLOYEES POLITICAL FUND

Mailing Address 1 POST STREET, 32ND FLOOR

City SAN FRANCISCO State CA Zip Code 94101

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : SA11.4885

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5000.00

**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 82 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MCKESSON CORP. EMPLOYEES POLITICAL FUND

Mailing Address **1 POST STREET, 32ND FLOOR**

City **SAN FRANCISCO** State **CA** Zip Code **94101**

FEC ID number of contributing federal political committee. **C C00108035**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : SA11.4886

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **1301 CONCORD TERRACE**

City **SUNRISE** State **FL** Zip Code **33323**

FEC ID number of contributing federal political committee. **C C00469205**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2012

Transaction ID : SA11.4949

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
METLIFE, INC. EMP. POLITICAL PARTICIPATION

Mailing Address **1095 AVENUE OF THE AMERICAS**

City **NEW YORK** State **NY** Zip Code **10036**

FEC ID number of contributing federal political committee. **C C00040923**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5101

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MIKE R FUND

Mailing Address P.O. BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C C00370791**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 15 / 2012

Transaction ID : SA11.4866

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 1585 BROADWAY, FLOOR 9

City State Zip Code
NEW YORK NY 10036

FEC ID number of contributing federal political committee. **C C00337626**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2012

Transaction ID : SA11.4918

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION PAC

Mailing Address 1717 RHODE ISLAND AVENUE, N.W., #4

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5097

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 134
	<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	

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)
Friends of Nan Hayworth

A. MVP HEALTH CARE, INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)
MVP HEALTH CARE, INC. FEDERAL PAC

Mailing Address 625 STATE STREET

City State Zip Code
SCHENECTADY NY 12305

FEC ID number of contributing federal political committee. **C** C00431429

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4995

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. NATIONAL ASSOCIATION OF REALTORS PAC

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N. MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012

Transaction ID : SA11.4850

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. NATIONAL ASSOCIATION OF REALTORS PAC

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N. MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012

Transaction ID : SA11.4851

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5000.00

**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 85 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NATIONAL GRID USA PAC

Mailing Address 40 SYLVAN RD

City WALTHAM State MA Zip Code 02451-1120

FEC ID number of contributing federal political committee. **C C00048702**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11.5052

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATL. ASSN. OF HEALTH UNDERWRITERS PAC

Mailing Address 1212 NEW YORK AVE., NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00283135**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012

Transaction ID : SA11.4848

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATL. ASSN. OF INSUR. & FIN. ADVISORS PAC

Mailing Address 2901 TELESTAR COURT

City FALLS CHURCH State VA Zip Code 22042

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5112

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 86 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NATL. ASSN. OF MUTUAL INSURANCE CO. PAC

Mailing Address 3601 VINCENNES ROAD

City State Zip Code
INDIANAPOLIS IN 46268

FEC ID number of contributing federal political committee. **C C00170258**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5170

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NEWS AMERICA HOLDINGS INC. - FOX PAC

Mailing Address 444 N. CAPITOL ST., STE. 740

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00330019**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11.5119

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NFIB SAFE TRUST

Mailing Address 1201 F STREET, N.W., #200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00101105**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11.5171

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

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

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

8500.00

**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 87 OF 134
	<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)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) NFIB SAFE TRUST		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 1201 F STREET, N.W., #200		Transaction ID : SA11.5172
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	C C00101105	Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) NRA-POLITICAL VICTORY FUND		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address 11250 WAPLES MILL ROAD		Transaction ID : SA11.5095
City FAIRFAX	State VA	Zip Code 22030
FEC ID number of contributing federal political committee.	C C00053553	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) NRA-POLITICAL VICTORY FUND		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 11250 WAPLES MILL ROAD		Transaction ID : SA11.5169
City FAIRFAX	State VA	Zip Code 22030
FEC ID number of contributing federal political committee.	C C00053553	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NUCLEAR ENERGY INSTITUTE FEDERAL PAC

Mailing Address 1776 I STREET, N.W., 4TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00239848**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5109

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAC OF THE AMERICAN ASSN. OF ORTH. SURG.

Mailing Address 317 MASSACHUSETTS AVE., N.E., 1ST

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4961

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAC OF THE AMERICAN ASSN. OF ORTH. SURG.

Mailing Address 317 MASSACHUSETTS AVE., N.E., 1ST

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11.4996

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
POWER PAC OF EDISON ELECTRIC INSTITUTE

Mailing Address 701 PANNsylvania AVE., NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2012

Transaction ID : SA11.4889

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PRECISION MACHINED PRODUCTS ASSN. PAC

Mailing Address 6700 WEST SNOWVILLE RD.

City BRECKSVILLE State OH Zip Code 44141

FEC ID number of contributing federal political committee. **C** C00110858

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5120

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 1220 L STREET, NW, STE 100-263

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5096

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 1220 L STREET, NW, STE 100-263

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5110

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 1011

City	State	Zip Code
WHEATON	IL	60187

FEC ID number of contributing federal political committee. **C** C00451294

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4999.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5185

Amount of Each Receipt this Period
 _____ 982.93

CONTRIBUTION

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

Mailing Address P.O. BOX 1011

City	State	Zip Code
WHEATON	IL	60187

FEC ID number of contributing federal political committee. **C** C00451294

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4999.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : SA11.5197

Amount of Each Receipt this Period
 _____ 1516.07

CONTRIBUTION

MEMO: IN-KIND

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

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

_____ 3499.00

**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 91 OF 134
	<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	

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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC

Mailing Address 409 12TH STREET, SW

City: WASHINGTON State: DC Zip Code: 20024

FEC ID number of contributing federal political committee: **C** C00364158

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____ 10000.00

Date of Receipt: 02 / 17 / 2012

Transaction ID : SA11.4874

Amount of Each Receipt this Period: 1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC

Mailing Address 409 12TH STREET, SW

City: WASHINGTON State: DC Zip Code: 20024

FEC ID number of contributing federal political committee: **C** C00364158

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____ 10000.00

Date of Receipt: 03 / 31 / 2012

Transaction ID : SA11.4874B

Amount of Each Receipt this Period: -1500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
THE AMERICAN CONGRESS OF OB-GYNS PAC

Mailing Address 409 12TH STREET, SW

City: WASHINGTON State: DC Zip Code: 20024

FEC ID number of contributing federal political committee: **C** C00364158

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____ 10000.00

Date of Receipt: 03 / 31 / 2012

Transaction ID : SA11.5227

Amount of Each Receipt this Period: 1500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
THE AMERICAN GAMING ASSOCIATION

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 1175

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00309146**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11.5049

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE GOLDMAN SACHS GROUP, INC. PAC

Mailing Address 101 CONSTITUTION AVE., N.W., #1000

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 15 / 2012

Transaction ID : SA11.4867

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE HOME DEPOT, INC. PAC

Mailing Address 1155 F STREET, N.W., #400

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11.5045

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
TIAA-CREF POLITICAL ACTION COMMITTEE

Mailing Address 1101 PENNSYLVANIA AVE., N.W., #800

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11.5044

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1828 L STREET, N.W., #705

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11.5187

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TUESDAY GROUP PAC

Mailing Address P.O. BOX 11586

City WASHINGTON State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5113

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 134
	<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	

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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
UNITED FOR HEALTH PAC

Mailing Address 701 PENNSYLVANIA AVE., NW, SUITE 6

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5116

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNITED MOTORCOACH ASSOCIATION PAC

Mailing Address 113 S. WEST STREET, 4TH FLOOR

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00437517

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5117

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VERIZON/VERIZON WIRELESS GOOD GOVT. CLUB

Mailing Address 1300 I STREET, N.W., #400W

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : SA11.5043

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

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

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

_____ 4500.00

**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 95 OF 134
	<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)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
WAL-MART STORES, INC. PAC

Mailing Address 702 S.W. 8TH STREET

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5100

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WELLPOINT, INC. WELLPAC

Mailing Address 120 MONUMENT CIRCLE

City INDIANAPOLIS State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11.5098

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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).....

4500.00

139099.00

**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 96 OF 134
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
FRESHMAN CLASS JFC

Mailing Address 228 S. WASHINGTON STREET, #115

City: ALEXANDRIA State: VA Zip Code: 22314

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

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 2885.81

Date of Receipt: 03 / 30 / 2012

Transaction ID : SA12.5193

Amount of Each Receipt this Period: 2885.81

CONTRIBUTION

SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST & CLEARING CORP.

Mailing Address 601 13TH ST., NW, STE. 580 SOUTH

City: WASHINGTON State: DC Zip Code: 20005

FEC ID number of contributing federal political committee: **C** C00497917

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 2316.66

Date of Receipt: 03 / 31 / 2012

Transaction ID : SA12.5195

Amount of Each Receipt this Period: 1666.66

CONTRIBUTION

[MEMO ITEM]
JFR > FRESHMAN CLASS

C. Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST & CLEARING CORP.

Mailing Address 601 13TH ST., NW, STE. 580 SOUTH

City: WASHINGTON State: DC Zip Code: 20005

FEC ID number of contributing federal political committee: **C** C00497917

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 2316.00

Date of Receipt: 03 / 31 / 2012

Transaction ID : SA12.5196

Amount of Each Receipt this Period: 650.00

CONTRIBUTION

[MEMO ITEM]
MEMO: INKIND / JFR > FRESHMAN CLASS

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

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

2885.81

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

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

FOR LINE NUMBER: PAGE 97 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
INVESTMENT COMPANY INSTITUTE (ICI PAC) PAC

Mailing Address 1401 H STREET, N.W., #1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA12.5194

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

[MEMO ITEM]
 JFR > FRESHMAN CLASS

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D 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).....

0.00

2885.81

**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 98 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 29 / 2012
Mailing Address P.O. BOX 746		Transaction ID : SA15.1021
City KEENE	State NH	Zip Code 03431
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 0.14 INTEREST	
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3.79	

Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address P.O. BOX 746		Transaction ID : SA15.1022
City KEENE	State NH	Zip Code 03431
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 0.14 INTEREST	
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3.79	

Full Name (Last, First, Middle Initial) TD BANK		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2012
Mailing Address P.O. BOX 746		Transaction ID : SA15.997
City KEENE	State NH	Zip Code 03431
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 0.15 INTEREST	
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3.79	

SUBTOTAL of Receipts This Page (optional).....	0.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address 41 S. MOGER AVENUE

City MOUNT KISCO State NY Zip Code 10549

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **842.29**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012

Transaction ID : SA15.994

Amount of Each Receipt this Period
 126.93

INTEREST

B. Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address 41 S. MOGER AVENUE

City MOUNT KISCO State NY Zip Code 10549

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **842.29**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012

Transaction ID : SA15.995

Amount of Each Receipt this Period
 151.05

INTEREST

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

Mailing Address 41 S. MOGER AVENUE

City MOUNT KISCO State NY Zip Code 10549

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **842.29**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA15.996

Amount of Each Receipt this Period
 161.49

INTEREST

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

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

439.47

439.90

**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 100 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JESSICA BOECKMAN		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address 58 CARMINE DRIVE		Amount of Each Disbursement this Period 625.00 Transaction ID : SB17.I957
City WAPPINGERS FALLS	State NY	
Zip Code 12590	Purpose of Disbursement FOOD & BEVERAGE	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. KEVIN M. BYRNE		Date of Disbursement MM / DD / YYYY 03 / 28 / 2012
Mailing Address 14 SEFIERT LANE		Amount of Each Disbursement this Period 91.78 Transaction ID : SB17.I989
City PUTNAM VALLEY	State NY	
Zip Code 10579	Purpose of Disbursement REIMBURSEMENT: TELEPHONE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. KATHARINE M. CURTISS		Date of Disbursement MM / DD / YYYY 01 / 03 / 2012
Mailing Address 2 MOONEY HILL ROAD		Amount of Each Disbursement this Period 460.00 Transaction ID : SB17.I260
City HOLMES	State NY	
Zip Code 12531	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	1176.78
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 101 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. ANDREA DEMARCHI			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012		
Mailing Address 1 CIRCLE DRIVE			Amount of Each Disbursement this Period 684.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I1007		
Purpose of Disbursement SALARY		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

Full Name (Last, First, Middle Initial) B. ANDREA DEMARCHI			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012		
Mailing Address 1 CIRCLE DRIVE			Amount of Each Disbursement this Period 384.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I963		
Purpose of Disbursement SALARY		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

Full Name (Last, First, Middle Initial) C. ANDREA DEMARCHI			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012		
Mailing Address 1 CIRCLE DRIVE			Amount of Each Disbursement this Period 77.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I990		
Purpose of Disbursement REIMBURSEMENT: POSTAGE		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

SUBTOTAL of Disbursements This Page (optional).....	1145.00
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 102 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CORRINNE K. DIVESTEA			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012		
Mailing Address 3667 ROUTE 301			Amount of Each Disbursement this Period 4000.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I1008		
Purpose of Disbursement SALARY		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

Full Name (Last, First, Middle Initial) B. CORRINNE K. DIVESTEA			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012		
Mailing Address 3667 ROUTE 301			Amount of Each Disbursement this Period 3000.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I87		
Purpose of Disbursement SALARY		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

Full Name (Last, First, Middle Initial) C. CORRINNE K. DIVESTEA			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012		
Mailing Address 3667 ROUTE 301			Amount of Each Disbursement this Period 45.28		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I88		
Purpose of Disbursement POSTAGE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

SUBTOTAL of Disbursements This Page (optional).....	7045.28
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 103 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CORRINNE K. DIVESTEA		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 3667 ROUTE 301		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.I949
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. CORRINNE K. DIVESTEA		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 3667 ROUTE 301		Amount of Each Disbursement this Period 3388.25 Transaction ID : SB17.I950
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. CORRINNE K. DIVESTEA		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 3667 ROUTE 301		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.I964
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	9388.25
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 104 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CORRINNE K. DIVESTEA			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012		
Mailing Address 3667 ROUTE 301			Amount of Each Disbursement this Period 9.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I972		
Purpose of Disbursement POSTAGE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) B. TRACY J. GALLAGHER			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012		
Mailing Address 16 DARIEN ROAD			Amount of Each Disbursement this Period 150.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I636		
Purpose of Disbursement SALARY		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) C. CONNOR P. GILLIS			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012		
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 727.27		
City MIDDLETOWN	State NY	Zip Code 10940	Transaction ID : SB17.I1009		
Purpose of Disbursement SALARY		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

SUBTOTAL of Disbursements This Page (optional).....	886.27
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 105 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.I1010
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.I965
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 968.15 Transaction ID : SB17.I983
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement REIMBURSEMENT: SUPPLIES, FOOD & BEV, TRA	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	15468.15
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 106 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 2001 SOUTH ROAD		Amount of Each Disbursement this Period 378.43
City POUGHKEEPSIE	State NY	
Zip Code 12601	Purpose of Disbursement COMPUTER	Transaction ID : SB17.I984
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: COMPUTER
State: District: 00		

Full Name (Last, First, Middle Initial) B. DUTCHESS PRO PRINT		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 1708 ROUTE 9		Amount of Each Disbursement this Period 373.41
City WAPPINGERS FALLS	State NY	
Zip Code 12590	Purpose of Disbursement PRINTING	Transaction ID : SB17.I985
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: PRINTING
State: District: 00		

Full Name (Last, First, Middle Initial) C. KATELIN P. HARVIE		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 109 WOODCREST DRIVE		Amount of Each Disbursement this Period 228.00
City HOPEWELL JCT.	State NY	
Zip Code 12533	Purpose of Disbursement SALARY	Transaction ID : SB17.I1011
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	228.00
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 107 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address P.O. BOX 189		Amount of Each Disbursement this Period 1005.22
City MOUNT KISCO	State NY	
Zip Code 10549		Transaction ID : SB17.I959
Purpose of Disbursement REIMBURSEMENT: FOOD AND BEVERAGE	003 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. ARTUROOS TAVERN CORP.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2012
Mailing Address 878 ROUTE 6		Amount of Each Disbursement this Period 637.69
City MAHOPAC	State NY	
Zip Code 10541		Transaction ID : SB17.I960
Purpose of Disbursement MEMO: FOOD & BEVERAGE	003 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

Full Name (Last, First, Middle Initial) C. PARK RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2012
Mailing Address 451 MAIN STREET		Amount of Each Disbursement this Period 367.53
City HIGHLAND FALLS	State NY	
Zip Code 10928		Transaction ID : SB17.I961
Purpose of Disbursement MEMO: FOOD & BEVERAGE	003 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional).....	1005.22
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 108 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. SCOTT D. HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address 214 MCLAIN STREET		Amount of Each Disbursement this Period 1082.22
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement REIMBURSEMENT: FOOD & BEVERAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I264
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. BRYANT PARK GRILL		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address 25 WEST 40TH STREET		Amount of Each Disbursement this Period 1082.22
City NEW YORK State NY Zip Code 10018	Purpose of Disbursement FOOD AND BEVERAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1017 [MEMO ITEM] MEMO: FOOD AND BEVERAGE
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. PAMELA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 67 DOGWOOD ROAD		Amount of Each Disbursement this Period 1666.67
City CORTLANOT MANOR State NY Zip Code 10567	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1012
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	2748.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAMELA JACKSON			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012	
Mailing Address 67 DOGWOOD ROAD			Amount of Each Disbursement this Period 692.30	
City CORTLANOT MANOR	State NY	Zip Code 10567	Transaction ID : SB17.I979	
Purpose of Disbursement SALARY		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

Full Name (Last, First, Middle Initial) B. GUY T. PARISI			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012	
Mailing Address 720 MILTON ROAD, #J1			Amount of Each Disbursement this Period 5000.00	
City RYE	State NY	Zip Code 10580	Transaction ID : SB17.I991	
Purpose of Disbursement LEGAL SERVICES		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

Full Name (Last, First, Middle Initial) C. DORY YATSKO			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012	
Mailing Address PO BOX 1311			Amount of Each Disbursement this Period 150.00	
City HOPEWELL JUNCTION	State NY	Zip Code 12533	Transaction ID : SB17.I981	
Purpose of Disbursement INVITATION DESIGN		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

SUBTOTAL of Disbursements This Page (optional).....	5842.30
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 110 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address P.O. BOX 1270		Amount of Each Disbursement this Period 204.50
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CREDIT CARD FEES	Transaction ID : SB17.I1002
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 4725.79
City ARLINGTON	State VA	
Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	Transaction ID : SB17.I973
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) C. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 4000.00
City ARLINGTON	State VA	
Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	Transaction ID : SB17.I1019
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: COMPLIANCE SERVICES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	4930.29
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 111 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. FEDERAL EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 725.79
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement SHIPPING	Transaction ID : SB17.I974
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: SHIPPING
State: District: 00		

Full Name (Last, First, Middle Initial) B. COMMISSIONER OF FINANCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address BOARD OF ELECTIONS 25 COURT LANE, PO BOX 30		Amount of Each Disbursement this Period 16.00
City GOSHEN State NY Zip Code 10924	Purpose of Disbursement VOTER FILE	Transaction ID : SB17.I992
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. EDONATIONS.COM		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 117 N. SAINT ASAPH STREET		Amount of Each Disbursement this Period 4891.34
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ONLINE FUNDRAISING	Transaction ID : SB17.I155
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional)	4907.34
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 112 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. EDONATIONS.COM		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address 117 N. SAINT ASAPH STREET		Amount of Each Disbursement this Period 766.00 Transaction ID : SB17.I968
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ONLINE FUNDRAISING Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. EDONATIONS.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 117 N. SAINT ASAPH STREET		Amount of Each Disbursement this Period 169.74 Transaction ID : SB17.I969
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ONLINE FUNDRAISING Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 6958.34 Transaction ID : SB17.I789
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL SERVICES Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	7894.08
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 113 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. FRESHMAN CLASS JFC

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. WASHINGTON STREET, #115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 01 / 19 / 2012

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I882

B. OCEAN REEF CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 35 OCEAN REEF DR.

City KEY LARGO State FL Zip Code 33037

Purpose of Disbursement FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 01 / 19 / 2012

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I1018

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

C. HYATT HOUSE

Full Name (Last, First, Middle Initial)
Mailing Address 100 WESTGATE BUSINESS CENTER DR.

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 03 / 27 / 2012

Amount of Each Disbursement this Period: 679.57

Transaction ID : SB17.I986

SUBTOTAL of Disbursements This Page (optional) 1479.57

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 114 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. IN THE FIELD CONSULTING, LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 1520 MYRON STREET			Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I870
City NISKAYUNA	State NY	Zip Code 12309	
Purpose of Disbursement CAMPAIGN MANAGEMENT		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) B. JIVE COMMUNICATIONS, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012
Mailing Address 3214 N. UNIVERSITY AVE., #610			Amount of Each Disbursement this Period 61.47 Transaction ID : SB17.I700
City PROVO	State UT	Zip Code 84604	
Purpose of Disbursement TELEPHONE EXPENSES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) C. JIVE COMMUNICATIONS, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address 3214 N. UNIVERSITY AVE., #610			Amount of Each Disbursement this Period 61.47 Transaction ID : SB17.I956
City PROVO	State UT	Zip Code 84604	
Purpose of Disbursement TELEPHONE EXPENSE		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	5122.94
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 115 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JIVE COMMUNICATIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 3214 N. UNIVERSITY AVE., #610		Amount of Each Disbursement this Period 61.47 Transaction ID : SB17.I987
City PROVO State UT Zip Code 84604	Purpose of Disbursement TELEPHONE EXPENSES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.I1000
City KNOXVILLE State TN Zip Code 37920	Purpose of Disbursement ONLINE FUNDRAISING Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period 178.62 Transaction ID : SB17.I1001
City KNOXVILLE State TN Zip Code 37920	Purpose of Disbursement ONLINE FUNDRAISING Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	305.09
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 116 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)
A. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement ONLINE FUNDRAISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 02 / 01 / 2012

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.I953

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. NEW YORK STATE INSURANCE FUND

Mailing Address 15 COMPUTER DRIVE WEST

City ALBANY State NY Zip Code 12205

Purpose of Disbursement DISABILITY INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 03 / 15 / 2012

Amount of Each Disbursement this Period: 77.15

Transaction ID : SB17.I976

Category/Type: 001

Full Name (Last, First, Middle Initial)
C. NEW YORK STATE INSURANCE FUND

Mailing Address 105 CORPORATE PARK DRIVE, #200

City WHITE PLAINS State NY Zip Code 10604

Purpose of Disbursement WORKERS COMPENSATION INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 03 / 15 / 2012

Amount of Each Disbursement this Period: 426.73

Transaction ID : SB17.I977

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 553.88

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 117 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. ORANGE COUNTY CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 30 SCOTT'S CORNER DRIVE			Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.I975
City MONTGOMERY	State NY	Zip Code 12549	
Purpose of Disbursement EVENT TICKETS		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) B. PATTON BOGGS, LLP			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012
Mailing Address 2550 M STREET, NW			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I104
City WASHINGTON	State DC	Zip Code 20037	
Purpose of Disbursement LEGAL SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) C. PAYCHEX			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130			Amount of Each Disbursement this Period 768.33 Transaction ID : SB17.I951
City FISHKILL	State NY	Zip Code 12524	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	2118.33
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 118 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 159.70
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I952
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 75.15
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I962
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 1245.84
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I966
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1480.69
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 119 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 117.78 Transaction ID : SB17.I980
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District: 00		

Full Name (Last, First, Middle Initial) B. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 1527.68 Transaction ID : SB17.I1013
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District: 00		

Full Name (Last, First, Middle Initial) C. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 31.26 Transaction ID : SB17.I350
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1676.72
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 120 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012	
Mailing Address 911 PANORAMA TRAIL, S.			Amount of Each Disbursement this Period 75.13	
City ROCHESTER	State NY	Zip Code 14625	Transaction ID : SB17.I351	
Purpose of Disbursement PAYROLL SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B. PAYCHEX, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012	
Mailing Address 911 PANORAMA TRAIL, S.			Amount of Each Disbursement this Period 459.69	
City ROCHESTER	State NY	Zip Code 14625	Transaction ID : SB17.I352	
Purpose of Disbursement PAYROLL TAXES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) C. PAYCHEX, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012	
Mailing Address 911 PANORAMA TRAIL, S.			Amount of Each Disbursement this Period 75.15	
City ROCHESTER	State NY	Zip Code 14625	Transaction ID : SB17.I978	
Purpose of Disbursement PAYROLL SERVICES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

SUBTOTAL of Disbursements This Page (optional).....	609.97
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 121 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PUTNAM SELF STORAGE		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address P.O. BOX 749		Amount of Each Disbursement this Period 298.00
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement STORAGE	Transaction ID : SB17.I958
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. PUTNAM SELF STORAGE		Date of Disbursement MM / DD / YYYY 03 / 27 / 2012
Mailing Address P.O. BOX 749		Amount of Each Disbursement this Period 149.00
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement STORAGE	Transaction ID : SB17.I988
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. ROBERT WATKINS & COMPANY, P.A.		Date of Disbursement MM / DD / YYYY 01 / 03 / 2012
Mailing Address 610 S. BOULEVARD		Amount of Each Disbursement this Period 3000.00
City TAMPA	State FL	
Zip Code 33606	Purpose of Disbursement ACCOUNTING SERVICES	Transaction ID : SB17.I178
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	3447.00
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 122 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. ROBERT WATKINS & COMPANY, P.A.		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 610 S. BOULEVARD		Amount of Each Disbursement this Period 181.09
City TAMPA State FL Zip Code 33606	Purpose of Disbursement POSTAGE/DELIVERY	Transaction ID : SB17.I179
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. TD BANK		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE State NH Zip Code 03431	Purpose of Disbursement BANK FEE	Transaction ID : SB17.I1014
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. TD BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE State NH Zip Code 03431	Purpose of Disbursement BANK FEE	Transaction ID : SB17.I1015
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	231.09
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 123 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. TD BANK

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 746

City KEENE State NH Zip Code 03431

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 01 / 31 / 2012

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.I998

Category/Type: 001

B. THE HALLISEY GROUP

Full Name (Last, First, Middle Initial)
Mailing Address 38 E. 85TH STREET, #5E

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 01 / 03 / 2012

Amount of Each Disbursement this Period: 7500.00

Transaction ID : SB17.I865

Category/Type:

C. THE HALLISEY GROUP

Full Name (Last, First, Middle Initial)
Mailing Address 38 E. 85TH STREET, #5E

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 02 / 01 / 2012

Amount of Each Disbursement this Period: 7500.00

Transaction ID : SB17.I867

Category/Type:

SUBTOTAL of Disbursements This Page (optional) 15025.00

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 124 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. THE HALLISEY GROUP			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 38 E. 85TH STREET, #5E			Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.I967
City NEW YORK	State NY	Zip Code 10028	
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District: 00	

Full Name (Last, First, Middle Initial) B. THE MANAGEMENT COMPANIES			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012
Mailing Address 78 NORTH STATE ROAD			Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.I982
City BRIARCLIFF MANOR	State NY	Zip Code 10510	
Purpose of Disbursement RENT		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District: 00	

Full Name (Last, First, Middle Initial) C. THE TOWNSEND GROUP, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 10193.79 Transaction ID : SB17.I1016
City CORNWALL ON HUDSON	State NY	Zip Code 12520	
Purpose of Disbursement POLITICAL CONSULTING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	20693.79
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 125 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. THE TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 4669.39
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type 003	Transaction ID : SB17.I954
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. THE TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 3191.24
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type 003	Transaction ID : SB17.I955
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. TWENTY-FIRST CENTURY GROUP, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012
Mailing Address 434 NEW JERSEY AVENUE, SE		Amount of Each Disbursement this Period 525.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CATERING	
Candidate Name	Category/Type	Transaction ID : SB17.I880
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	8385.63
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 126 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. XPRESS PRINTING		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 593 ROUTE 6		Amount of Each Disbursement this Period 84.53
City MAHOPAC State NY Zip Code 10541	Purpose of Disbursement PRINTING	
Candidate Name		Transaction ID : SB17.I848
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) B. XPRESS PRINTING		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 593 ROUTE 6		Amount of Each Disbursement this Period 73.32
City MAHOPAC State NY Zip Code 10541	Purpose of Disbursement PRINTING	
Candidate Name		Transaction ID : SB17.I849
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) C. DEPOSITORY TRUST & CLEARING CORP.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 601 13TH ST., NW, STE. 580 SOUTH		Amount of Each Disbursement this Period 650.00
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name		Transaction ID : SB17.5196
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	MEMO: INKIND FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional).....	807.85
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 127 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. ROSKAM PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012
Mailing Address P.O. BOX 1011		Amount of Each Disbursement this Period 1516.07
City WHEATON	State IL	Zip Code 60187
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type	
Candidate Name	Transaction ID : SB17.5197	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEMO: IN-KIND FOOD & BEVERAGE
State: District: 00		

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
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	1516.07
TOTAL This Period (last page this line number only).....	126119.47

**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 128 OF 134	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. ROBERT J. BISHOP		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 628 WEST ROAD		Amount of Each Disbursement this Period 2400.00
City NEW CANAAN State CT Zip Code 06840	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name		Transaction ID : SB20A.I1003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) B. BRUCE M. NAKFOOR		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 340 COLONY DRIVE		Amount of Each Disbursement this Period 2500.00
City NAPLES State FL Zip Code 34108	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name		Transaction ID : SB20A.I199
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) C. ELIZABETH M. STERN		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2012
Mailing Address 450 FORT HILL ROAD		Amount of Each Disbursement this Period 300.00
City SCARSDALE State NY Zip Code 10583	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name		Transaction ID : SB20A.I719
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 14**

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY 2010
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	0.00	110000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 26 / 2009	12 / 31 / 2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	110000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC 15
Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY 2010
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 30 / Y 2009	M 12 / D 31 / Y 2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	40000.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 16

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼
PRIMARY 2010

Mailing Address
P.O. Box 189

City State ZIP Code
Mount Kisco NY 10549

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

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 31 / Y 2009 M 12 / D 31 / Y 2012 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 100000.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 28

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

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼
GENERAL 2010

Mailing Address
P.O. Box 189

City State ZIP Code
Mount Kisco NY 10549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000.00 0.00 150000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 31 / Y 2010 M 12 / D 31 / Y 2012 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 150000.00

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

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC 30
Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ GENERAL 2010
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 30 / Y 2010	M 12 / D 31 / Y 2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	100000.00
TOTALS This Period (last page in this line only).....	500000.00

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

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

NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Scott D. Hayworth		Nature of Debt (Purpose): food & beverage
Mailing Address 214 McLain Street		
City	State	Zip Code
Mount Kisko	NY	10549

Outstanding Balance Beginning This Period	Transaction ID : 002	
<input type="text" value="1082.22"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1082.22"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Executive Star		Nature of Debt (Purpose): direct mail services
Mailing Address 180 E. Prospect Avenue		
City	State	Zip Code
Mamaroneck	NY	10543

Outstanding Balance Beginning This Period	Transaction ID : 003	
<input type="text" value="6958.34"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="6958.34"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Townsend Group		Nature of Debt (Purpose): fundraising consulting
Mailing Address 1006 Pendleton Street		
City	State	Zip Code
Alexandria	VA	22314

Outstanding Balance Beginning This Period	Transaction ID : 001	
<input type="text" value="4669.39"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="4669.39"/>	<input type="text" value="0.00"/>

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