

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)).... | 277830.96 | 2098570.91 |
| (b) Total Contribution Refunds (from Line 20(d)) | 6900.00 | 17071.90 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 270930.96 | 2081499.01 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 53142.40 | 775443.98 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 500.40 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 53142.40 | 774943.58 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1478925.38 | |
| 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)..... | 134879.85 | 1018816.07 |
| (ii) Unitemized..... | 15786.11 | 62933.73 |
| (iii) TOTAL of contributions from individuals ▶ | 150665.96 | 1081749.80 |
| (b) Political Party Committees..... | 0.00 | 5000.00 |
| (c) Other Political Committees (such as PACs)..... | 127165.00 | 1011821.11 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 277830.96 | 2098570.91 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 83326.10 |
| 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 | 500.40 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 156.49 | 1320.69 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 277987.45 | 2183718.10 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 53142.40 | 775443.98 |
| 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 | 6900.00 | 16845.00 |
| (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))..... | 6900.00 | 17071.90 |
| 21. OTHER DISBURSEMENTS | 0.00 | 15000.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 60042.40 | 807515.88 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1260980.33 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 277987.45 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1538967.78 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 60042.40 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1478925.38 |

**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 119 |
| | <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 | |

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)
CHRISTOPHER ADER

Mailing Address **2 HARDCRABBLE ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560-1014**

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

Name of Employer **AMERICAN EXPRESS** Occupation **MANAGER OF FINANCE**

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
06 / 20 / 2012

Transaction ID : SA11.5746

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address **135 MAIN STREET**

City **SOUTH SALEM** State **NY** Zip Code **10590-1209**

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

Name of Employer **ALBERT INVESTMENTS** Occupation **CHAIRMAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : SA11.5612

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANDREW W. ALBSTEIN

Mailing Address **35 EAST 75TH ST**

City **NY** State **NY** Zip Code **10021-2762**

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

Name of Employer **GOLDBERG NEPRIN FINKEL GOLDSTEIN LLP** Occupation **ATTORNEY**

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
06 / 21 / 2012

Transaction ID : SA11.5710

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

2350.00

**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 119 |
| | <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)
ROBERT AMLER

Mailing Address **28 PINEVIEW DRIVE**

City **BREWSTER** State **NY** Zip Code **10509-2653**

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

Name of Employer **NEW YORK MEDICAL COLLEGE** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1560.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5682

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANN E. ANDERSON

Mailing Address **8 JOHN ST**

City **GARDEN CITY** State **NY** Zip Code **11530-4609**

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
06 / 18 / 2012

Transaction ID : SA11.5648

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **5 APPLE MILL LANE**

City **NORTH SALEM** State **NY** Zip Code **10560-1053**

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

Name of Employer **TOTAL ENERGY CORP.** Occupation **ENERGY 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
06 / 20 / 2012

Transaction ID : SA11.5738

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 7 OF 119 |
| | <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 AXELROD

Mailing Address 10 BROOKHAM DRIVE

City State Zip Code
SHORT HILLS NJ 07078

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

Name of Employer Occupation
NORTHWESTERN MUTUAL INVESTMENT SE WEALTH MANAGEMENT ADVISOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5725

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHARLES BAKER

Mailing Address 340 RIVER RD.

City State Zip Code
SCARBOROUGH NY 10510-2418

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

Name of Employer Occupation
NYCB BANKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.5820

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 2500 WESTCHESTER AVE

City State Zip Code
PURCHASE NY 10577-2540

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

Name of Employer Occupation
FILBEN GROUP DEVELOPER & OPERATOR OF ASSISTED LI

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2501.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11.5566

Amount of Each Receipt this Period
1.00
CONTRIBUTION

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

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

501.00

**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 119 |
| | <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 BENENSON

Mailing Address **2500 WESTCHESTER AVE**

City **PURCHASE** State **NY** Zip Code **10577-2540**

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

Name of Employer **FILBEN GROUP** Occupation **DEVELOPER & OPERATOR OF ASSISTED LI**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2501.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.5871

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL BENENSON

Mailing Address **2500 WESTCHESTER AVE**

City **PURCHASE** State **NY** Zip Code **10577-2540**

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

Name of Employer **FILBEN GROUP** Occupation **DEVELOPER & OPERATOR OF ASSISTED LI**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2501.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.5904

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **64 BERRIAN ROAD**

City **NEW ROCHELLE** State **NY** Zip Code **10804-3203**

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.5850

Amount of Each Receipt this Period
1000.00

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 9 OF 119 |
| | <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)
PETER BERLEY

Mailing Address 600 ISLAND DRIVE

City PALM BEACH State FL Zip Code 33480-4769

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11.5655

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARTIN J. BIENENSTOCK

Mailing Address 514 MT. HOLLY RD.

City KATONAH State NY Zip Code 10536-2405

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

Name of Employer ATTORNEY Occupation PROSKANER ROSE LLP

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
 06 / 15 / 2012

Transaction ID : SA11.5611

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

Mailing Address 6 RAMPART PASS

City WACCABUC State NY Zip Code 10597-1017

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

Name of Employer CASSIDY TURLEY Occupation REAL ESTATE BROKER

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
 06 / 11 / 2012

Transaction ID : SA11.5471

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 10 OF 119 |
| | <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)
ROBERT L. BILLINGSLEY

Mailing Address **6 RAMPART PASS**

City **WACCABUC** State **NY** Zip Code **10597-1017**

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

Name of Employer **CASSIDY TURLEY** Occupation **REAL ESTATE BROKER**

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
06 / 11 / 2012

Transaction ID : SA11.5471B

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
ROBERT L. BILLINGSLEY

Mailing Address **6 RAMPART PASS**

City **WACCABUC** State **NY** Zip Code **10597-1017**

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

Name of Employer **CASSIDY TURLEY** Occupation **REAL ESTATE BROKER**

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
06 / 11 / 2012

Transaction ID : SA11.5491

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
WALTER F. BOTTGER

Mailing Address **1199 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10128-1711**

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

Name of Employer **BERKMAN, BOTTGER & RODD, LLP** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : SA11.5542

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

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

300.00

**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 119 |
| | <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)
WALTER F. BOTTGER

Mailing Address **1199 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10128-1711**

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

Name of Employer **BERKMAN, BOTTGER & RODD, LLP** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : SA11.5543

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALTER F. BOTTGER

Mailing Address **1199 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10128-1711**

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

Name of Employer **BERKMAN, BOTTGER & RODD, LLP** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5657

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WALTER F. BOTTGER

Mailing Address **1199 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10128-1711**

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

Name of Employer **BERKMAN, BOTTGER & RODD, LLP** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5657B

Amount of Each Receipt this Period
-500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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 12 OF 119 |
| | <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) WALTER F. BOTTGER | | Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2012 | |
| Mailing Address 1199 PARK AVENUE | | Transaction ID : SA11.5773 | |
| City NEW YORK | State NY | Zip Code 10128-1711 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer BERKMAN, BOTTGER & RODD, LLP | Occupation ATTORNEY | | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3200.00 | | |

| | | | |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial) KEVIN BOYLE | | Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2012 | |
| Mailing Address 82 EAST RIDGE ROAD | | Transaction ID : SA11.5887 | |
| City WACCABUC | State NY | Zip Code 10597-1201 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer EAST RIDGE INVESTMENTS, LLC | Occupation INVESTOR | | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3500.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) ROGER G. BROOKS | | Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2012 | |
| Mailing Address 20 MT. PLEASANT LANE | | Transaction ID : SA11.5689 | |
| City IRVINGTON | State NY | Zip Code 10533-1024 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer CRAVATH, SWAINE & MOORE, LLP | Occupation ATTORNEY | | |
| 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)..... | 1250.00 |
| 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 13 OF 119 |
| | <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)
JOHN BURIGO

Mailing Address 107 SPINNAKER LAND

City State Zip Code
JUPITER FL 33477-4003

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

Name of Employer Occupation
OB/GYN SPECIALISTS PHYSICIAN

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
06 / 10 / 2012

Transaction ID : SA11.5469

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MELISSA S. CAMHY PH.D.

Mailing Address 16 RANDOM FARMS CIRCLE

City State Zip Code
CHAPPAQUA NY 10514-1000

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

Name of Employer Occupation
SELF PSYCHOLOGIST

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
06 / 20 / 2012

Transaction ID : SA11.5734

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 400 EAST 84TH STREET

City State Zip Code
NEW YORK NY 10028-5606

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

Name of Employer Occupation
HOSPITAL SPECIAL SURGERY 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
06 / 25 / 2012

Transaction ID : SA11.5764

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

750.00

**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 119 |
| | <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)
SUSAN L. CARLSON

Mailing Address **620 GUARD HILL ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1041**

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

Name of Employer **SELF-EMPLOYED** Occupation **INTERIOR DESIGNER**

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
06 / 28 / 2012

Transaction ID : SA11.5865

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOSEPH E. CARVIN JR.

Mailing Address **55 HILLANDALE RD**

City **RYE BROOK** State **NY** Zip Code **10573-1704**

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

Name of Employer **ALTIMA PARTNERS** Occupation **INVESTMENT ADVISOR**

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
06 / 26 / 2012

Transaction ID : SA11.5844

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **25 POINTS OF VIEW**

City **WARWICK** State **NY** Zip Code **10990-2431**

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

Name of Employer **CATTANI, INC.** Occupation **PRESIDENT**

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
06 / 07 / 2012

Transaction ID : SA11.5416

Amount of Each Receipt this Period
500.00
 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: PAGE 15 OF 119
(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)
KEITH CHEW

Mailing Address **18 HAWKS NEST**

City **CHATHAM** State **IL** Zip Code **62629-2016**

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

Name of Employer **MCKESSON** Occupation **CONSULTANT**

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
06 / 22 / 2012

Transaction ID : SA11.5753

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SENDER COHEN

Mailing Address **190 RIVERSIDE DR**

City **NEW YORK** State **NY** Zip Code **10024-1008**

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

Name of Employer **SOROS FUND** Occupation **PORTFOLIO MANAGER**

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
06 / 29 / 2012

Transaction ID : SA11.5883

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MITCHELL D. COHN

Mailing Address **76 VALLEY LANE**

City **CHAPPAQUA** State **NY** Zip Code **10514-2003**

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

Name of Employer **NORTHEASTERN ANESTHESIA SERVICE** 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
06 / 23 / 2012

Transaction ID : SA11.5706

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3300.00

**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 119 |
| | <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)
MARTHA G. COLLINS

Mailing Address **241 NIMHAM ROAD**

City **KENT LAKES** State **NY** Zip Code **10512-3523**

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

Name of Employer **SELF** Occupation **FREELANCE WRITER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.5406

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOSEPH A. COMERFORD

Mailing Address **1223 ROUTE 82**

City **HOPEWELL JUNCTION** State **NY** Zip Code **12533-6253**

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.5875

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **100 PASSAIC AVE, SUITE 300**

City **FAIRFIELD** State **NJ** Zip Code **07004-3508**

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

Name of Employer **THE COONEY AGENCY** Occupation **PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.5829

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

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

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

2600.00

**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 119 |
| | <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) KEVIN COUGHLIN | | Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2012 | |
| Mailing Address 61 KENSINGTON RD. | | Transaction ID : SA11.5735 | |
| City BASKING RIDGE | State NJ | Zip Code 07920-2521 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer COUGHLIN DUFFY | Occupation PARTNER | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |
| CONTRIBUTION | | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) HON. ALFONSE M. D'AMATO | | Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2012 | |
| Mailing Address 101 PARK AVE., STE. 2506 | | Transaction ID : SA11.5719 | |
| City NEW YORK | State NY | Zip Code 10178-2506 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2500.00 | |
| Name of Employer PARK STRATEGIES | Occupation CONSULTANT | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2500.00 | | |
| CONTRIBUTION | | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) WILLIAM DEPROSPO | | Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2012 | |
| Mailing Address 7 SPRUCE HILL LANE | | Transaction ID : SA11.5584 | |
| City GOSHEN | State NY | Zip Code 10924-5709 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer DEPROSPO, PETRIZZO & LONGO | Occupation ATTORNEY | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |
| CONTRIBUTION | | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3500.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

**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 119 |
| | <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) MARY F. DI MAIO | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2012 |
| Mailing Address 333 EAST 68TH STREET | | Transaction ID : SA11.5877 |
| City NY | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer SELF EMPLOYED | Occupation PHYSICIAN | CONTRIBUTION |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) NANCY DILL | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012 |
| Mailing Address 90 PROSPECT HILL ROAD | | Transaction ID : SA11.5971 |
| City BREWSTER | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer N/A | Occupation RETIRED | CONTRIBUTION |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 900.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) DAVID DINES, MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2012 |
| Mailing Address 2 HIGHLAND CT | | Transaction ID : SA11.5796 |
| City OLD WESTBURY | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer SELF | Occupation ORTHOPEDIC SURGEON | CONTRIBUTION |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| 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 19 OF 119 |
| | <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)
ALAN DLUGASH

Mailing Address 622 THIRD AVENUE

City NEW YORK State NY Zip Code 10017-6707

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

Name of Employer MARKS, PANETH & SHRON Occupation ACCOUNTANT

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
 06 / 25 / 2012

Transaction ID : SA11.5802

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHARLES E. DORKEY

Mailing Address 205 E. 69TH STREET, #6C

City NEW YORK State NY Zip Code 10021-5437

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

Name of Employer MCKENNA, LONG & ALDREDGE, LLP Occupation ATTORNEY

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
 06 / 26 / 2012

Transaction ID : SA11.5833

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 5 AMANDA COURT

City CORTLANDT MANOR State NY Zip Code 10567-6407

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
 06 / 13 / 2012

Transaction ID : SA11.5551

Amount of Each Receipt this Period
 250.00
 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 20 OF 119 |
| | <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 **12785-0318**

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 **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.5918

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENEVIEVE L. FAIRBROTHER, M.D.

Mailing Address **4767 RIVERVIEW ROAD, NW**

City **ATLANTA** State **GA** Zip Code **30327-4231**

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

Name of Employer **ATLANTA WOMEN'S HEALTH GROUP** Occupation **PHYSICIAN**

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
06 / 28 / 2012

Transaction ID : SA11.5921

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **8 CANTERBURY RD**

City **SCARSDALE** State **NY** Zip Code **10583-6915**

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

Name of Employer **THE HEATHCOTE GROUP** 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
06 / 27 / 2012

Transaction ID : SA11.5851

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1350.00

**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 119 |
| | <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. THOMAS F. FARLEY

Mailing Address **41 GREENRIDGE AVENUE**

City **WHITE PLAINS** State **NY** Zip Code **10605-1623**

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

Name of Employer **THOMAS F. FARLEY P.C.** 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
06 / 29 / 2012

Transaction ID : SA11.5948

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REED FINNEY

Mailing Address **41 INWOOD ROAD**

City **ESSEX FELLS** State **NJ** Zip Code **07021-1005**

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

Name of Employer **BLEAKLEY, SCHWARTZ, COONEY & FINNEY** Occupation **FINANCIAL PLANNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.5827

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. NICOLE B. FLEISCHMANN M.D.

Mailing Address **135 HILLIAIR CIR**

City **WHITE PLAINS** State **NY** Zip Code **10605-4505**

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

Name of Employer **WESTCHESTER UROLOGICAL ASSOC** 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
06 / 18 / 2012

Transaction ID : SA11.5629

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

3400.00

**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 119 |
| | <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)
WILLIAM J. FLYNN

Mailing Address **200 WESTCHESTER**

City **PURCHASE** State **NY** Zip Code **10577**

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

Name of Employer **ATLAS AIR** 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
06 / 26 / 2012

Transaction ID : SA11.5842

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STANLEY A. GALL

Mailing Address **6 ARDEN ROAD**

City **GLENVIEW** State **KY** Zip Code **40025-7520**

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

Name of Employer **UNIVERSITY OF LOUISVILLE** Occupation **PHYSICIAN**

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
06 / 20 / 2012

Transaction ID : SA11.5739

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **10 ARCHER LN**

City **SCARSDALE** State **NY** Zip Code **10583-7704**

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

Name of Employer **WESTCHESTER UROLOGICAL ASSOC.** 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
06 / 18 / 2012

Transaction ID : SA11.5627

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 23 OF 119 |
| | <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)
JONATHAN GOLDBERG

Mailing Address **255 SOUNDVIEW AVENUE**

City **WHITE PLAINS** State **NY** Zip Code **10606-3821**

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.5858

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HOWARD GOLDSCHN

Mailing Address **785 PARK AVENUE**

City **NY** State **NY** Zip Code **10021-3552**

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.5769

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAN W. GREEN

Mailing Address **800 WEST 1ST STREET**

City **LOS ANGELES** State **CA** Zip Code **90012-2412**

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

Name of Employer **NA** 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
06 / 27 / 2012

Transaction ID : SA11.5795

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 24 OF 119 |
| | <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)
WILLIAM J. GREENEY

Mailing Address **P.O. BOX 97**

City **SALISBURY MILLS** State **NY** Zip Code **12577-0097**

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
06 / 30 / 2012

Transaction ID : SA11.5967

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JACK GRESS

Mailing Address **21 LAKEVIEW RD**

City **NORTH SALEM** State **NY** Zip Code **10560-2910**

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.5806

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. ANITA GROVER

Mailing Address **514 WEED STREET**

City **NEW CANAAN** State **CT** Zip Code **06840-6127**

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

Name of Employer **WESTCHESTER HEALTH** 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
06 / 20 / 2012

Transaction ID : SA11.5722

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 25 OF 119 |
| | <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)
RICHARD R. GUTOWSKI

Mailing Address **606 EAGLE ROCK AVE**

City **WEST ORANGE** State **NJ** Zip Code **07052-2925**

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

Name of Employer **STONEGATE BROKERAGE** 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
06 / 25 / 2012

Transaction ID : SA11.5826

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NANCY HACK

Mailing Address **204 MILLTOWN ROAD**

City **BREWSTER** State **NY** Zip Code **10509-4315**

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

Name of Employer **THE HACK AGENCY INC.** Occupation **INSURANCE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2012

Transaction ID : SA11.5516

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **90 MAPLE WOOD DRIVE**

City **BREWSTER** State **NY** Zip Code **10509-5003**

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

Name of Employer **HAHN ENGINEERING, P.C.** Occupation **CONSULTING ENGINEER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **760.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.5874

Amount of Each Receipt this Period
100.00
 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 26 OF 119
(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)
G. THOMAS HARGROVE

Mailing Address P.O. BOX 115

City State Zip Code
BRIDGEWATER CT 06752-0115

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

Name of Employer Occupation
SELF-EMPLOYED 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
 06 29 2012

Transaction ID : SA11.5922

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LEWIS J. HART JR.

Mailing Address 136 SEVEN BRIDGES RD.

City State Zip Code
CHAPPAQUA NY 10514-1122

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

Name of Employer Occupation
CHAPPAQUA CAPITAL PRINCIPAL

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
 06 21 2012

Transaction ID : SA11.5720

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 101 CENTRAL PARK, W., #14-E

City State Zip Code
NEW YORK NY 10023-4250

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

Name of Employer Occupation
WACHTELL UPTON ATTORNEY

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
 06 26 2012

Transaction ID : SA11.5838

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 27 OF 119 |
| | <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)
HOWARD HELLWINKEL

Mailing Address 44 FINCH ROAD

City NORTH SALEM State NY Zip Code 10560-1507

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : SA11.5815

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NILO E. HERRERA

Mailing Address 358 GRAPE HOLLOW ROAD

City HOLMES State NY Zip Code 12531-5426

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
 06 / 27 / 2012

Transaction ID : SA11.5785

Amount of Each Receipt this Period
 250.00
 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 10573-1004

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
 06 / 21 / 2012

Transaction ID : SA11.5714

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 28 OF 119 |
| | <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)
DR. MARC A. HERTZ

Mailing Address 204 COUNTRY RIDGE DRIVE

City RYE BROOK State NY Zip Code 10573-1004

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 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11.5714B

Amount of Each Receipt this Period
 -1000.00

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 10573-1004

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 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11.5758

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 785 PARK AVE

City NEW YORK State NY Zip Code 10021-3552

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

Name of Employer THE CLAIMS COMPANY Occupation PUBLIC ADJUSTER

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
 06 / 21 / 2012

Transaction ID : SA11.5701

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 29 OF 119 |
| | <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)
JONATHAN JAVITT

Mailing Address 8300 TWIN FORKS LANE

City State Zip Code
BETHESDA MD 20815-4847

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

Name of Employer Occupation
TELCARE, INC. 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
06 / 27 / 2012

Transaction ID : SA11.5782

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

Mailing Address 19 EAST 72ND STREET

City State Zip Code
NEW YORK NY 10021-4145

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

Name of Employer Occupation
US DEPARTMENT OF STATE RETIRED AMBASSADOR

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
06 / 26 / 2012

Transaction ID : SA11.5777

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 19 BRADFORD COURT

City State Zip Code
BREWSTER NY 10509-4935

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

Name of Employer Occupation
VERIZON FINANCE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
305.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.5410

Amount of Each Receipt this Period
50.00
CONTRIBUTION

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

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

3550.00

**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 119 |
| | <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) LANA KANG | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2012 |
| Mailing Address 520 E76TH ST | | Transaction ID : SA11.5783 |
| City NEW YORK | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer HOSPITAL FOR SPECIAL SURGERY | Occupation PHYSICIAN | CONTRIBUTION |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) DR. DEEPAK KAPOOR | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2012 |
| Mailing Address 26 WESTBOURNE LN | | Transaction ID : SA11.5683 |
| City MELVILLE | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer LONG ISLAND UROLOGICAL ASSOCIATES | Occupation PHYSICIAN | CONTRIBUTION |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 4000.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) DR. DEEPAK KAPOOR | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2012 |
| Mailing Address 26 WESTBOURNE LN | | Transaction ID : SA11.5793 |
| City MELVILLE | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer LONG ISLAND UROLOGICAL ASSOCIATES | Occupation PHYSICIAN | CONTRIBUTION |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 4000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4250.00 |
| 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 31 OF 119 |
| | <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)
PAUL J. KARP

Mailing Address **21 HICKORY DRIVE**

City **CAMPBELL HALL** State **NY** Zip Code **10916-3323**

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

Name of Employer **WILSON, ELSER** Occupation **ATTORNEY**

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
06 / 26 / 2012

Transaction ID : SA11.5834

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **18 SUNDERLAND LANE**

City **KATONAH** State **NY** Zip Code **10536-3162**

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.5407

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS J. KAVALER

Mailing Address **80 PINE STREET, 17TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10005-1716**

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

Name of Employer **CAHILL, GORDON, REINDELL, LLC** 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
06 / 18 / 2012

Transaction ID : SA11.5589

Amount of Each Receipt this Period
500.00
 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 32 OF 119 |
| | <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)
ROBERT J. KESTENBAUM

Mailing Address **95 SECOR ROAD**

City **SCARSDALE** State **NY** Zip Code **10583-6949**

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

Name of Employer **YORK INTERNATIONAL AGENCY** 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
06 / 25 / 2012

Transaction ID : SA11.5813

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GEORGE W. KETCHUM

Mailing Address **P.O. BOX 288**

City **SUGAR LOAF** State **NY** Zip Code **10981-0288**

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

Name of Employer **PDJ COMPONENTS** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **660.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 13 / 2012

Transaction ID : SA11.5556

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **25 JOHN CROSS ROAD**

City **BEDFORD CORNERS** State **NY** Zip Code **10549-4972**

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

Name of Employer **SOMERS ORTHO** 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
06 / 22 / 2012

Transaction ID : SA11.5587

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2100.00

**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 119 |
| | <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)
GARY KILLIAN

Mailing Address 42 FOREST AVE

City RYE State NY Zip Code 10580-4210

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2012

Transaction ID : SA11.5762

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHARON KILMER

Mailing Address 200 E. 69TH STREET, #33B

City NEW YORK State NY Zip Code 10021-5746

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

Name of Employer ANGELO, GORDON & CO. Occupation INVESTMENT 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
 06 / 25 / 2012

Transaction ID : SA11.5763

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 800 5TH AVENUE, #20-F

City NEW YORK State NY Zip Code 10065-7289

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

Name of Employer RMS CORP. Occupation MANAGEMENT

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
 06 / 20 / 2012

Transaction ID : SA11.5517

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

over limit contribution to be refunded within 60 days

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3500.00 |
| 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 34 OF 119 |
| | <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)
CAROLE E. KLANG

Mailing Address 800 5TH AVENUE, #20-F

City NEW YORK State NY Zip Code 10065-7289

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

Name of Employer RMS CORP. Occupation MANAGEMENT

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
 06 / 20 / 2012

Transaction ID : SA11.5517B

Amount of Each Receipt this Period
 -500.00

CONTRIBUTION

**[MEMO ITEM]
OVER LIMIT CONTRIBUTION TO BE REDESIGNATION TO GENERAL**

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

Mailing Address 800 5TH AVENUE, #20-F

City NEW YORK State NY Zip Code 10065-7289

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

Name of Employer RMS CORP. Occupation MANAGEMENT

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
 06 / 20 / 2012

Transaction ID : SA11.5776

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address 535 MADISON AVE

City NEW YORK State NY Zip Code 10022-4214

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

Name of Employer PARK TOWER GROUP 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
 06 / 26 / 2012

Transaction ID : SA11.5843

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 35 OF 119 |
| | <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. MR. LEWIS KOHL | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2012 | |
| Mailing Address 279 HAWLEY ROAD | | Transaction ID : SA11.5881 | |
| City NORTH SALEM | State NY | Amount of Each Receipt this Period 430.00 | |
| Zip Code 10560-2603 | | CONTRIBUTION | |
| FEC ID number of contributing federal political committee. C | | REDESIGNATION REQUESTED FOR OVER LIMIT CONTRIBUTION | |
| 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 5010.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. BRUCE A. KOLKMANN | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012 | |
| Mailing Address 37 E. HUDSON HARBOUR DRIVE | | Transaction ID : SA11.5805 | |
| City POUGHKEEPSIE | State NY | Amount of Each Receipt this Period 500.00 | |
| Zip Code 12601-5379 | | CONTRIBUTION | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer RAYMOND OPTICIANS, INC. | 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) C. BRUCE A. KOLKMANN | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012 | |
| Mailing Address 37 E. HUDSON HARBOUR DRIVE | | Transaction ID : SA11.5890 | |
| City POUGHKEEPSIE | State NY | Amount of Each Receipt this Period 300.00 | |
| Zip Code 12601-5379 | | CONTRIBUTION | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer RAYMOND OPTICIANS, INC. | 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 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1230.00 |
| 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 119 |
| | <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)
BRUCE A. KOLKMANN

Mailing Address **37 E. HUDSON HARBOUR DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12601-5379**

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

Name of Employer **RAYMOND OPTICIANS, INC.** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.5928

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EZRIEL E. KORNEL

Mailing Address **115 STONE BRIDGE LANE**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2243**

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

Name of Employer **NEUROSURGEONS OF NEW YORK** 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
06 / 29 / 2012

Transaction ID : SA11.5882

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 391**

City **RIVERSIDE** State **CA** Zip Code **92502-0391**

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

Name of Employer **KMGI** 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
06 / 26 / 2012

Transaction ID : SA11.5768

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

3535.00

**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 37 OF 119 |
| | <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) JACQUELINE KOUGELIS | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012 | |
| Mailing Address 374 CAMPUS ROAD | | Transaction ID : SA11.5809 | |
| City FRANKLIN SQUARE | State NY | Zip Code 11010-3412 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 | |
| Name of Employer WILLIAM KOUGLEIS PLUMBING | Occupation MANAGER | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3000.00 | | |
| | | CONTRIBUTION | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) JACQUELINE KOUGELIS | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012 | |
| Mailing Address 374 CAMPUS ROAD | | Transaction ID : SA11.5809B | |
| City FRANKLIN SQUARE | State NY | Zip Code 11010-3412 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period -500.00 | |
| Name of Employer WILLIAM KOUGLEIS PLUMBING | Occupation MANAGER | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3000.00 | | |
| | | CONTRIBUTION | |
| | | [MEMO ITEM] REDESIGNATION TO GENERAL | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) JACQUELINE KOUGELIS | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012 | |
| Mailing Address 374 CAMPUS ROAD | | Transaction ID : SA11.5959 | |
| City FRANKLIN SQUARE | State NY | Zip Code 11010-3412 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer WILLIAM KOUGLEIS PLUMBING | Occupation MANAGER | | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3000.00 | | |
| | | CONTRIBUTION | |
| | | [MEMO ITEM] REDESIGNATION FROM PRIMARY | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 38 OF 119 |
| | <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)
MICHELLE KOURY

Mailing Address **37 MURRAY AVENUE**

City **GOSHEN** State **NY** Zip Code **10924-1822**

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

Name of Employer **CRYSTAL RUN HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11.5419

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HENRY R. KRAVIS

Mailing Address **9 WEST 57TH ST, SUITE 4200**

City **NEW YORK** State **NY** Zip Code **10019-2701**

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

Name of Employer **KOHLBERG, KRAVIS, ROBERTS & CO.** Occupation **COO-CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11.5969

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

Mailing Address **1 ROCKLEDGE RD**

City **HARTSDALE** State **NY** Zip Code **10530-3400**

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

Name of Employer **INNOVATION INTERACTIVE** Occupation **ADVERTISING**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.5808

Amount of Each Receipt this Period
2000.00
 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: PAGE 39 OF 119
(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)
ROSS LEHRMAN

Mailing Address **1 ROCKLEDGE RD**

City **HARTSDALE** State **NY** Zip Code **10530-3400**

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

Name of Employer **INNOVATION INTERACTIVE** Occupation **ADVERTISING**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.5808B

Amount of Each Receipt this Period
-600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
ROSS LEHRMAN

Mailing Address **1 ROCKLEDGE RD**

City **HARTSDALE** State **NY** Zip Code **10530-3400**

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

Name of Employer **INNOVATION INTERACTIVE** Occupation **ADVERTISING**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.5957

Amount of Each Receipt this Period
600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address **2594 ROUTE 302**

City **MIDDLETOWN** State **NY** Zip Code **10941-3210**

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

Name of Employer **SELF** 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
06 / 20 / 2012

Transaction ID : SA11.5681

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: PAGE 40 OF 119
(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)
DAVID LENTZ

Mailing Address **27 HADRIAN DRIVE**

City **LIVINGSTON** State **NJ** Zip Code **07039-3419**

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

Name of Employer **LENTZ & GENGARO, LLP** 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
06 / 20 / 2012

Transaction ID : SA11.5723

Amount of Each Receipt this Period
350.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID LENTZ

Mailing Address **27 HADRIAN DRIVE**

City **LIVINGSTON** State **NJ** Zip Code **07039-3419**

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

Name of Employer **LENTZ & GENGARO, LLP** 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
06 / 20 / 2012

Transaction ID : SA11.5724

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

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

Mailing Address **7260 CHATTAHOOCHEE BLUFF DRIVE**

City **ATLANTA** State **GA** Zip Code **30350-1085**

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
1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.5778

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

**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 119
(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)
CECILY A. LESKO

Mailing Address 1005 CLIFTON AVE.

City State Zip Code
CLIFTON NJ 07013-3520

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

Name of Employer Occupation
NORTH JERSEY EYE ASSOCIATES PHYSICIAN

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
 06 / 20 / 2012

Transaction ID : SA11.5663

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CECILY A. LESKO

Mailing Address 1005 CLIFTON AVE.

City State Zip Code
CLIFTON NJ 07013-3520

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

Name of Employer Occupation
NORTH JERSEY EYE ASSOCIATES PHYSICIAN

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
 06 / 22 / 2012

Transaction ID : SA11.5715

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 360 E. 72ND STREET

City State Zip Code
NEW YORK NY 10021-4753

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

Name of Employer Occupation
BARON ASSOC. V.P.

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
 06 / 25 / 2012

Transaction ID : SA11.5812

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 42 OF 119 |
| | <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)
JEROME LEVY

Mailing Address 1101 PELHAM PARKWAY NORTH

City State Zip Code
BRONX NY 10469-5411

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

Name of Employer Occupation
NEW YORK EYE SURGERY CENTER SURGEON DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.5861

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 59 PECKSLAND ROAD

City State Zip Code
GREENWICH CT 06831-3711

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
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11.5713

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

Mailing Address 59 PECKSLAND ROAD

City State Zip Code
GREENWICH CT 06831-3711

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
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11.5713B

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).....

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 43 OF 119 |
| | <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)
LEORA LEVY

Mailing Address 59 PECKSLAND ROAD

City GREENWICH State CT Zip Code 06831-3711

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
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11.5757

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514-3603

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
4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11.5661

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514-3603

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
4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11.5661B

Amount of Each Receipt this Period
-2000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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 44 OF 119 |
| | <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) ROSS S. LEVY | | Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2012 |
| Mailing Address 14 DEVOE ROAD | | Transaction ID : SA11.5756 |
| City CHAPPAQUA | State NY | Zip Code 10514-3603 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2000.00 | |
| Name of Employer MOUNT KISCO MEDICAL GROUP | Occupation PHYSICIAN | CONTRIBUTION |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 4800.00 | [MEMO ITEM] REDESIGNATION FROM PRIMARY |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) PETER LOMBARDO | | Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2012 |
| Mailing Address 445 EAST 58TH ST | | Transaction ID : SA11.5787 |
| City NEW YORK | State NY | Zip Code 10022-2384 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer SUTTON PLACE DERMATOLOGY | Occupation DERMATOLOGIST, PRESIDENT, NEW YORK | CONTRIBUTION |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) GEORGE A. LONG | | Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2012 |
| Mailing Address 14 LOWER SHAD ROAD | | Transaction ID : SA11.5659 |
| City POUND RIDGE | State NY | Zip Code 10576-2215 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer N/A | Occupation RETIRED | CONTRIBUTION |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| 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 45 OF 119 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
GEORGE A. LONG

Mailing Address **14 LOWER SHAD ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2215**

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 **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5659B

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
GEORGE A. LONG

Mailing Address **14 LOWER SHAD ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2215**

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 **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5755

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
WARREN J. LUCAS

Mailing Address **P.O. BOX 263**

City **NORTH SALEM** State **NY** Zip Code **10560-0263**

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

Name of Employer **TOWN OF NORTH SALEM** Occupation **SUPERVISOR**

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
06 / 07 / 2012

Transaction ID : SA11.5405

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 46 OF 119
(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)
RICHARD MACKOOL

Mailing Address **31-27 41ST STREET**

City **ASTORIA** State **NY** Zip Code **11103-3901**

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

Name of Employer **MACKOOL EYE INSTITUTE** Occupation **PHYSICIAN**

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
06 / 30 / 2012

Transaction ID : SA11.6000

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

City **WHITE PLAINS** State **NY** Zip Code **10601-3340**

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 **1725.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.5859

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

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

Mailing Address **667 MADISON AVENUE**

City **NEW YORK** State **NY** Zip Code **10065-8029**

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

Name of Employer **MARK ASSET MANAGEMENT CORPORATION** Occupation **PRESIDENT**

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
06 / 27 / 2012

Transaction ID : SA11.5797

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

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

2525.00

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

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

FOR LINE NUMBER: PAGE 47 OF 119
(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)
BRAD MARKOWITZ
 Mailing Address **THREE BARKER AVE**
 City **WHITE PLAINS** State **NY** Zip Code **10601-1509**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **PARK AVE. HEALTH CARE MANAGEMENT** Occupation **CEO**
 Receipt For: 2012
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2012
Transaction ID : SA11.5831
 Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES P P. MCCAULEY JR
 Mailing Address **24 HIGHLAND AVE.**
 City **CHAPPAQUA** State **NY** Zip Code **10514-3413**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **SELF** Occupation **INVESTMENT ADVISOR**
 Receipt For: 2012
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2012
Transaction ID : SA11.5696
 Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AIMEE MCLEAN
 Mailing Address **705 HIGH MOUNTAIN ROAD**
 City **FRANKLIN LAKES** State **NJ** Zip Code **07417-2915**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **N/A** Occupation **HOMEMAKER**
 Receipt For: 2012
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2012
Transaction ID : SA11.5888
 Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

2600.00

**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 119 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DEBORAH M. MOLLO

Mailing Address 46 FOX DEN ROAD

City MOUNT KISCO State NY Zip Code 10549-3835

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
 06 / 21 / 2012

Transaction ID : SA11.5565

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 1200 BAYHILL DR

City SAN BRUNO State CA Zip Code 94066-3058

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

Name of Employer CORD BLOOD REGISTRY Occupation CEO

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
 06 / 21 / 2012

Transaction ID : SA11.5462

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

Mailing Address 1 NORTHWOODS LANE

City BOYNTON BEACH State FL Zip Code 33436-7405

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11.5929

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: PAGE 49 OF 119
(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)
JOHN A. NOTO
 Mailing Address **38 DEER TRAIL ROAD**
 City State Zip Code
NORTH CALDWELL NJ 07006-4143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MIZUHO SECURITIES RISK COMPLIANCE OFFICER
 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
06 25 2012
Transaction ID : SA11.5803
 Amount of Each Receipt this Period
350.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VINCENT T. PALAIA
 Mailing Address **775 SCARSDALE RD UNIT #29**
 City State Zip Code
TUCKAHOE NY 10707-1051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
HUDSON VALLEY BANK DIRECTOR
 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
06 26 2012
Transaction ID : SA11.5872
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID POTACK
 Mailing Address **67 RANDOM FARMS DR**
 City State Zip Code
CHAPPAQUA NY 10514-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UNITEX VP SALES & MARKETING
 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
06 16 2012
Transaction ID : SA11.5595
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

2350.00

**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 119 |
| | <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)
MICHAEL R. POTACK

Mailing Address **25 HARVEST DR**

City **SCARSDALE** State **NY** Zip Code **10583-7546**

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

Name of Employer **UNITEX** Occupation **BUSINESS OWNER**

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
06 / 16 / 2012

Transaction ID : SA11.5594

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MAGGIE POWERS

Mailing Address **17855 DEWBERRY PLACE**

City **GRAND HAVEN** State **MI** Zip Code **49417-8664**

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

Name of Employer **CORD BLOOD REGISTRY** Occupation **VP OF OPERATIONS**

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
06 / 11 / 2012

Transaction ID : SA11.5472

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **178 EAST 71ST STREET**

City **NEW YORK** State **NY** Zip Code **10021-5131**

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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.5789

Amount of Each Receipt this Period
250.00
 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: PAGE 51 OF 119
(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)
JOHN W. RABE
 Mailing Address P.O. BOX 277
 City WEST MYSTIC State CT Zip Code 06388-0277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PGM, INC. Occupation GROUP INSURANCE SALES
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2012
Transaction ID : SA11.5744
 Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RUSSELL RABITO
 Mailing Address 510 UNDERHILL RD
 City SCARSDALE State NY Zip Code 10583-1045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UBS Occupation FINANCIAL ADVISOR
 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
06 / 25 / 2012
Transaction ID : SA11.5830
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JACK M. RAPPORT
 Mailing Address 17 DEEPWOOD DRIVE
 City CHAPPAQUA State NY Zip Code 10514-2413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE BIRKHILL GROUP, LLC Occupation CONSULTANT
 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
06 / 26 / 2012
Transaction ID : SA11.5772
 Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

1300.00

**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 52 OF 119 |
| | <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)
KEVIN REILLY

Mailing Address **24 VERMONT AVENUE**

City **WHITE PLAINS** State **NY** Zip Code **10606-3522**

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5736

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEVEN REISS

Mailing Address **5 MARTIN COURT**

City **EAST BRUNSWICK** State **NJ** Zip Code **08816-4277**

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

Name of Employer **STEVEN A REISS & COMPANY LLC** Occupation **ACCOUNTANT**

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
06 / 21 / 2012

Transaction ID : SA11.5704

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **213 BALDWIN ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-4819**

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
06 / 21 / 2012

Transaction ID : SA11.5748

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 53 OF 119 |
| | <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)
MARCELLE RETTNER

Mailing Address 1200 KING ST APT 251

City RYE BROOK State NY Zip Code 10573-7004

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : SA11.5819

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MATTHEW RETTNER

Mailing Address 374 MCLEAN AVE

City YONKERS State NY Zip Code 10705-4522

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

Name of Employer RETTNER MANAGEMENT Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : SA11.5818

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address 110 WEST 14TH ST., 10TH FL.

City NEW YORK State NY Zip Code 10011-7357

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

Name of Employer TJH MEDICAL SERVICE 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
 06 / 20 / 2012

Transaction ID : SA11.5672

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2750.00

**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 119 |
| | <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)
MICHAEL S. ROBINSON

Mailing Address 426 CLERMONT AVENUE

City: BROOKLYN State: NY Zip Code: 11238-1502

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

Name of Employer: NEW YORK STAFFING SERVICES Occupation: PRESIDENT/C.E.O.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 21 / 2012

Transaction ID : SA11.5709

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL S. ROBINSON

Mailing Address 426 CLERMONT AVENUE

City: BROOKLYN State: NY Zip Code: 11238-1502

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

Name of Employer: NEW YORK STAFFING SERVICES Occupation: PRESIDENT/C.E.O.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 21 / 2012

Transaction ID : SA11.5709B

Amount of Each Receipt this Period: -1000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address 426 CLERMONT AVENUE

City: BROOKLYN State: NY Zip Code: 11238-1502

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

Name of Employer: NEW YORK STAFFING SERVICES Occupation: PRESIDENT/C.E.O.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 21 / 2012

Transaction ID : SA11.5711

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 55 OF 119 |
| | <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) RAND RODGERS | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2012 |
| Mailing Address 229 EAST 79TH STREET | | Transaction ID : SA11.5568 |
| City NEW YORK | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period CONTRIBUTION 1000.00 |
| Name of Employer SELF | Occupation PHYSICIAN | |
| 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) KEVIN ROLAND | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012 |
| Mailing Address 33 JULIA CT | | Transaction ID : SA11.5823 |
| City WASHINGTON TOWNSHIP | State NJ | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period CONTRIBUTION 250.00 |
| Name of Employer INFORMATION REQUESTED PER BEST EFFC | 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 250.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) THOMAS R. ROLSTON | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2012 |
| Mailing Address 10 GROVE STREET | | Transaction ID : SA11.5588 |
| City COLD SPRING | State NY | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period CONTRIBUTION 500.00 |
| Name of Employer SELF-EMPLOYED | Occupation RESTAURANT OWNER | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| 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 56 OF 119 |
| | <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. LINCOLN M. RONEY

Mailing Address **2 THIRD COURT**

City **CHESTER** State **NY** Zip Code **10918-1105**

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

Name of Employer **METROPOLITAN COLLEGE OF NY** Occupation **COLLEGE ADMINISTRATOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5660

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK L. ROSEN

Mailing Address **744 FOREST AVENUE**

City **LARCHMONT** State **NY** Zip Code **10538-1314**

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

Name of Employer **ADECCO** Occupation **STAFFING**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.5824

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

Mailing Address **45 LAUREL DRIVE**

City **PRINCETON** State **NJ** Zip Code **08540-2707**

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

Name of Employer **HALCROW, INC.** Occupation **CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.5765

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1200.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 119 |
| | <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) ROBERT D. RYAN | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012 |
| Mailing Address 1039 ROUTE 35 | | Transaction ID : SA11.5804 |
| City CROSS RIVER | State NY | Zip Code 10518-1114 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 CONTRIBUTION | |
| Name of Employer RENDE RYAN & DOWNES, LLP | Occupation ATTORNEY | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1150.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) DAMIAN SCHAIBLE | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012 |
| Mailing Address 51 W. 126TH STREET, #1 | | Transaction ID : SA11.5766 |
| City NEW YORK | State NY | Zip Code 10027-3810 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 CONTRIBUTION | |
| Name of Employer DAVIS POLK | Occupation ATTORNEY | |
| 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) STEPHEN P. SCHAIBLE | | Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2012 |
| Mailing Address 1016 FIFTH AVENUE, #10D | | Transaction ID : SA11.5707 |
| City NEW YORK | State NY | Zip Code 10028-0132 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 CONTRIBUTION | |
| Name of Employer EVERCORE PARTNERS | Occupation BANKER | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 5500.00 | OVER LIMIT CONTRIBUTION TO BE REFUNDED WITHIN 60 DAYS |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 58 OF 119 |
| | <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)
JEFFREY SCHILLER

Mailing Address **452 W. 19TH STREET, #3C**

City **NEW YORK** State **NY** Zip Code **10011-3826**

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.5774

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

Mailing Address **100 PASSAIC AVENUE, #300**

City **FAIRFIELD** State **NJ** Zip Code **07004-3508**

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

Name of Employer **THE COONEY AGENCY** Occupation **FINANCIAL ADVISOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.5825

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

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

Mailing Address **9 DEER CREEK LANE**

City **MOUNT KISCO** State **NY** Zip Code **10549-3707**

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5697

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

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

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

3950.00

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

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

FOR LINE NUMBER: PAGE 59 OF 119
(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)
ROBERT M. SKALLERUP

Mailing Address **3 WHITE OAK STREET**

City **WARWICK** State **NY** Zip Code **10990-3574**

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 **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11.5968

Amount of Each Receipt this Period
180.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARTIN D. SKLAR

Mailing Address **127 EUCLID AVENUE**

City **ARDSLEY** State **NY** Zip Code **10502-2502**

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

Name of Employer **KLEINBERG KAPLAN WOLFF & COHEN** 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
06 / 18 / 2012

Transaction ID : SA11.5590

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

City **NEW YORK** State **NY** Zip Code **10024-3721**

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 **5500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : SA11.5523

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

REDESIGNATION REQUESTED

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

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

1180.00

**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 119 |
| | <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. JAMES P. SMITH JR.

Mailing Address 12 EAGLES WAY

City MIDDLETOWN State NY Zip Code 10940-2674

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

Name of Employer ADVANCE TESTING 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
 06 / 16 / 2012

Transaction ID : SA11.5580

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 89 BLACK MEADOW RD

City CHESTER State NY Zip Code 10918-2219

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

Name of Employer INTERSTATE WASTE Occupation GENERAL MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
258.85

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2012

Transaction ID : SA11.5585

Amount of Each Receipt this Period
258.85

CONTRIBUTION

C. 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 10017-1014

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

Name of Employer MOSBACHER PROPERTIES GROUP, LLC Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11.5794

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1258.85

**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 119 |
| | <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)
ROBERT SOLEY

Mailing Address 30 GRIFFEN AVE.

City SCARSDALE State NY Zip Code 10583-7661

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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.5408

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STUART STYLES

Mailing Address 15 ROCK SHELTER ROAD

City WACCABUC State NY Zip Code 10597-1035

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

Name of Employer SOMERS ORTHOPEDIC Occupation ORTHOPEDIC 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
 06 / 21 / 2012

Transaction ID : SA11.5712

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAMON A. SUAREZ

Mailing Address 725 N. ISLAND DRIVE, NW

City ATLANTA State GA Zip Code 30327-4619

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 **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11.5737

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1350.00

**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 119 |
| | <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 10589-2605

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
1435.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.5417

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JODI J. SUTTON

Mailing Address 6 PIPING BROOK LANE

City BEDFORD State NY Zip Code 10506-2208

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
1560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11.5927

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWIN R. THOMPSON

Mailing Address 330 E. 38TH STREET, #55E

City NEW YORK State NY Zip Code 10016-9804

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

Name of Employer AYN RAND INSTITUTE Occupation EXECUTIVE DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
299.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11.5835

Amount of Each Receipt this Period
 100.00
 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 63 OF 119 |
| | <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)
EDWARD T. THOMPSON

Mailing Address **11 COTSWOLD DRIVE**

City **NORTH SALEM** State **NY** Zip Code **10560-2708**

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
06 / 29 / 2012

Transaction ID : SA11.5880

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **550 PARK AVENUE, APT 13W**

City **NEW YORK** State **NY** Zip Code **10065-7345**

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

Name of Employer **VECTRA MANAGEMENT GROUP, INC.** Occupation **MANAGING DIRECTOR**

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
06 / 25 / 2012

Transaction ID : SA11.5767

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **4 QUEEN ANNE LANE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-6014**

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
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11.5892

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: PAGE 64 OF 119
(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)
HARRY M. UNGER

Mailing Address **220 EAST 65TH STREET**

City **NEW YORK** State **NY** Zip Code **10065-6620**

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
06 / 25 / 2012

Transaction ID : SA11.5817

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ELINOR F. URSTADT

Mailing Address **6 BEECHWOOD ROAD**

City **BRONXVILLE** State **NY** Zip Code **10708-3202**

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

Name of Employer **URSTADT BIDDLE PROPERTIES** Occupation **CHAIRMAN**

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
06 / 18 / 2012

Transaction ID : SA11.5597

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CARL D. VAN DEMARK

Mailing Address **189 VALLEY ROAD**

City **KATONAH** State **NY** Zip Code **10536-1712**

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

Name of Employer **GOLENBOCH, EISEMAN, ASSOR, BELL & PE** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11.5716

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 65 OF 119 |
| | <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)
PAUL VELARDI

Mailing Address 184 CHARLES COLMAN BLVD.

City PAWLING State NY Zip Code 12564-1122

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012

Transaction ID : SA11.5591

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN L. WARDEN

Mailing Address 430 EAST 57TH STREET

City NEW YORK State NY Zip Code 10022-3061

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

Name of Employer SULLIVAN & CROMWELL LLP Occupation LAWYER

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
 06 / 12 / 2012

Transaction ID : SA11.5515

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 430 EAST 57TH STREET

City NEW YORK State NY Zip Code 10022-3061

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

Name of Employer SULLIVAN & CROMWELL LLP Occupation LAWYER

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
 06 / 28 / 2012

Transaction ID : SA11.5864

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 66 OF 119 |
| | <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)
ROBERT WATSON

Mailing Address **1140 5TH AVE**

City **NEW YORK** State **NY** Zip Code **10128-0806**

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

Name of Employer **LYSTER WATSON & COMPANY** Occupation **INVESTMENT ADVISOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.5656

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GEORGE WELLWOOD

Mailing Address **8 SETTLERS COURT**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-6229**

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

Name of Employer **IBM CORP** Occupation **DESIGN ENGINEER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11.5889

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address **42 SAGE TERRACE**

City **SCARSDALE** State **NY** Zip Code **10583-2050**

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

Name of Employer **MAEVA GROUP, LLC** Occupation **TURNAROUND 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
06 / 28 / 2012

Transaction ID : SA11.5860

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 67 OF 119 |
| | <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 WRIGHT

Mailing Address 100 PASSAIC AVE.

City TOWACO State NJ Zip Code 07082

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11.5705

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. STUART E. WUNSH

Mailing Address 6 NUTTING PL

City WEST CALDWELL State NJ Zip Code 07006-7002

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

Name of Employer NORTH JERSEY EYE 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
 06 / 25 / 2012

Transaction ID : SA11.5822

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 15 CENTRAL PARK W., #34D

City NEW YORK State NY Zip Code 10023-7718

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

Name of Employer DAVIDSON KEMPNER CAPITAL MANAGEMEN Occupation MONEY 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
 06 / 26 / 2012

Transaction ID : SA11.5839

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

3750.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 119 |
| | <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 C. ZANE

Mailing Address **75 14TH STREET, NE**

City **ATLANTA** State **GA** Zip Code **30309-3604**

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
06 / 26 / 2012

Transaction ID : SA11.5902

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHAUN ZIMBERG

Mailing Address **1029 OCEANFRONT ST**

City **LONG BEACH** State **NY** Zip Code **11561-1213**

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

Name of Employer **ARC OF NEW YORK** 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
06 / 21 / 2012

Transaction ID : SA11.5708

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **345 MANOR RD**

City **RIDGEWOOD** State **NJ** Zip Code **07450-4732**

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

Name of Employer **BARCLAYS** Occupation **INVESTMENT ADVISOR**

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
06 / 25 / 2012

Transaction ID : SA11.5821

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2250.00

**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 119 |
| | <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)
JOHN E. ZUCCOTTI

Mailing Address **36 SECOND PLACE**

City **BROOKLYN** State **NY** Zip Code **11231-3403**

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

Name of Employer **BROOKFIELD PROPERTIES** Occupation **CHAIRMAN**

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
06 / 26 / 2012

Transaction ID : SA11.5840

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHELLE J. ZWEIFLER M.D.

Mailing Address **800A FIFTH AVE #302**

City **NEW YORK** State **NY** Zip Code **10065-7215**

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

Name of Employer **MICHELLE ZWEIFLER M.D.** Occupation **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
06 / 26 / 2012

Transaction ID : SA11.5841

Amount of Each Receipt this Period
250.00
 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).....

2750.00

134879.85

**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 119 |
| | <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)
FRIENDS OF SAM JOHNSON

Mailing Address P.O. BOX 860096

City PLANO State TX Zip Code 75086-0096

FEC ID number of contributing federal political committee. **C** C00250720

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
 06 / 12 / 2012

Transaction ID : SA11.5534

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD, #1

City WEST CHESTER State OH Zip Code 45069-6628

FEC ID number of contributing federal political committee. **C** C00237198

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
 06 / 20 / 2012

Transaction ID : SA11.5726

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD, #1

City WEST CHESTER State OH Zip Code 45069-6628

FEC ID number of contributing federal political committee. **C** C00237198

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
 06 / 20 / 2012

Transaction ID : SA11.5727

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 71 OF 119 |
| | <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)
MCCAUL FOR CONGRESS

Mailing Address **815-A BRAZOS STREET**

City **AUSTIN** State **TX** Zip Code **78701-2514**

FEC ID number of contributing federal political committee. **C C00392688**

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
06 / 21 / 2012

Transaction ID : SA11.5721

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address **2900 CLEARVIEW PKWY, STE. 206**

City **METAIRIE** State **LA** Zip Code **70006-6532**

FEC ID number of contributing federal political committee. **C C00394957**

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
06 / 30 / 2012

Transaction ID : SA11.5946

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TED POE FOR CONGRESS

Mailing Address **P.O. BOX 14222**

City **HUMBLE** State **TX** Zip Code **77347-4222**

FEC ID number of contributing federal political committee. **C C00392670**

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
06 / 26 / 2012

Transaction ID : SA11.5856

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 72 OF 119 |
| | <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)
WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1007

City: WILLOWS State: CA Zip Code: 95988-1007

FEC ID number of contributing federal political committee: **C C00202523**

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **2000.00**

Date of Receipt: **06 / 20 / 2012**

Transaction ID : SA11.5731

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WOODALL FOR CONGRESS

Mailing Address P.O. BOX 1871

City: LAWRENCEVILLE State: GA Zip Code: 30046-1871

FEC ID number of contributing federal political committee: **C C00482307**

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **06 / 11 / 2012**

Transaction ID : SA11.5511

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR GREEN

Mailing Address 2 BARCLAY RD

City: NEW WINDSOR State: NY Zip Code: 12553-7651

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

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **100.00**

Date of Receipt: **06 / 25 / 2012**

Transaction ID : SA11.5828

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

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

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

2100.00

**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 73 OF 119 |
| | <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)
FRIENDS TO ELECT DONNA BENSON

Mailing Address 229 MT. EVE RD

City State Zip Code
GOSHEN NY 10924-7015

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
65.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2012

Transaction ID : SA11.5530

Amount of Each Receipt this Period
 65.00
 CONTRIBUTION

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

Mailing Address 436 WALNUT STREET, WA04P

City State Zip Code
PHILADELPHIA PA 19106-3703

FEC ID number of contributing federal political committee. **C** C00348938

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
 06 / 26 / 2012

Transaction ID : SA11.5849

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

Mailing Address 1932 WYNNNTON ROAD

City State Zip Code
COLUMBUS GA 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

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
 06 / 11 / 2012

Transaction ID : SA11.5510

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3565.00

**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 119 |
| | <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)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION PAC

Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701-4756

FEC ID number of contributing federal political committee. **C C00131185**

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
 06 / 29 / 2012

Transaction ID : SA11.5984

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE

Mailing Address 1940 COMMERCE STREET, SUITE 108

City State Zip Code
YORKTOWN HEIGHTS NY 10598-4447

FEC ID number of contributing federal political committee. **C C00278689**

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
 06 / 30 / 2012

Transaction ID : SA11.6003

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMBULATORY SURGERY CENTER ASSN. PAC

Mailing Address 1012 CAMERON ST.

City State Zip Code
ALEXANDRIA VA 22314-2427

FEC ID number of contributing federal political committee. **C C00424788**

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
 06 / 26 / 2012

Transaction ID : SA11.5911

Amount of Each Receipt this Period
 4000.00
 CONTRIBUTION

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

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

10000.00

**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 119 |
| | <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)
AMER. SOCIETY OF PLASTIC SURGEONS PAC

Mailing Address 20 F STREET, N.W., #310A

City WASHINGTON State DC Zip Code 20001-6700

FEC ID number of contributing federal political committee. **C** C00249342

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
 06 / 26 / 2012

Transaction ID : SA11.5857

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORTHODONTISTS PAC

Mailing Address 401 N. LINDBERGH BLVD.

City SAINT LOUIS State MO Zip Code 63141-7839

FEC ID number of contributing federal political committee. **C** C00293910

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
 06 / 29 / 2012

Transaction ID : SA11.5925

Amount of Each Receipt this Period
 4500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSN. PAC

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11.5717

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

PRIMARY 2010 DEBT

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 11500.00 |
| 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 76 OF 119 |
| | <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)
AMERICAN INSTITUTE OF CPAS PAC

Mailing Address **220 LEIGH FARM ROAD**

City **DURHAM** State **NC** Zip Code **27707-8110**

FEC ID number of contributing federal political committee. **C C00077321**

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
06 / 28 / 2012

Transaction ID : SA11.5920

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS & CONTRACTORS PAC

Mailing Address **4250 N. FAIRFAX DRIVE, 9TH FLOOR**

City **ARLINGTON** State **VA** Zip Code **22203-1665**

FEC ID number of contributing federal political committee. **C C00010421**

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
06 / 26 / 2012

Transaction ID : SA11.5905

Amount of Each Receipt this Period
4000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ASSOCIATION FOR FINANCIAL PROFESSIONALS

Mailing Address **4520 EAST-WEST HIGHWAY, STE 750**

City **BETHESDA** State **MD** Zip Code **20814-3574**

FEC ID number of contributing federal political committee. **C C00344010**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11.6013

Amount of Each Receipt this Period
-1000.00
 CONTRIBUTION
ITEM RETURNED UNPAID CHARGED BACK

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 77 OF 119 |
| | <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)
ATLAS AIR WORLDWIDE HOLDINGS, INC. PAC

Mailing Address **2000 WESTCHESTER AVENUE**

City **PURCHASE** State **NY** Zip Code **10577-2530**

FEC ID number of contributing federal political committee. **C C00478099**

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
06 / 20 / 2012

Transaction ID : SA11.5700

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

Mailing Address **1006 PENDLETON ST.**

City **ALEXANDRIA** State **VA** Zip Code **22314-1837**

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 **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.5926

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BASF CORPORATION EMPLOYEES' PAC

Mailing Address **100 CAMPUS DRIVE**

City **FLORHAM PARK** State **NJ** Zip Code **07932-1020**

FEC ID number of contributing federal political committee. **C C00340075**

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
06 / 15 / 2012

Transaction ID : SA11.5592

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

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

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

7500.00

**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 78 OF 119 |
| | <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. BUILD PAC NATIONAL ASSOCIATION OF HOME BUILDERS

Full Name (Last, First, Middle Initial)
Mailing Address 1201 15TH ST NW

City WASHINGTON State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C C00000901**

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
 06 / 26 / 2012

Transaction ID : SA11.5903

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. CME GROUP, INC. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 20 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606-7431

FEC ID number of contributing federal political committee. **C C00076299**

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
 06 / 20 / 2012

Transaction ID : SA11.5729

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. COMCAST CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1701 JFK BLVD.

City PHILADELPHIA State PA Zip Code 19103-2833

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

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
 06 / 11 / 2012

Transaction ID : SA11.5506

Amount of Each Receipt this Period
 500.00
 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 79 OF 119 |
| | <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)
COMCAST CORPORATION PAC

Mailing Address 1701 JFK BLVD.

City PHILADELPHIA State PA Zip Code 19103-2833

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

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
 06 / 11 / 2012

Transaction ID : SA11.5507

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FINANCIAL SERVICES INSTITUTE PAC

Mailing Address 607 14TH STREET, NW, STE. 750

City WASHINGTON State DC Zip Code 20005-2000

FEC ID number of contributing federal political committee. **C** C00409714

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
 06 / 20 / 2012

Transaction ID : SA11.5730

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY PAC

Mailing Address 1299 PENNSYLVANIA AVENUE, N.W., #9

City WASHINGTON State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00024869

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
 06 / 26 / 2012

Transaction ID : SA11.5909

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 80 OF 119 |
| | <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)
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE., N.W., #500W

City WASHINGTON State DC Zip Code 20001-2177

FEC ID number of contributing federal political committee. **C C00096156**

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
 06 / 29 / 2012

Transaction ID : SA11.5978

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
IND. INSUR. AGENTS & BROKERS OF AMER. PAC

Mailing Address 412 FIRST STREET, S.E., #300

City WASHINGTON State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C C00022343**

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
 06 / 25 / 2012

Transaction ID : SA11.5811

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
INTL. FRANCHISE ASSN. FRANCHISING PAC

Mailing Address 1501 K STREET, N.W., #350

City WASHINGTON State DC Zip Code 20005-1412

FEC ID number of contributing federal political committee. **C C00084491**

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
 06 / 26 / 2012

Transaction ID : SA11.5847

Amount of Each Receipt this Period
 5000.00
 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 81 OF 119 |
| | <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)
INVEST IN A STRONG & SECURE AMERICA PAC

Mailing Address P.O. BOX 3799

City VISTA State CA Zip Code 92085-3799

FEC ID number of contributing federal political committee. **C** C00450320

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
 06 / 11 / 2012

Transaction ID : SA11.5505

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LEAGUE OF CONSERVATION VOTERS ACTION FUND

Mailing Address 1920 L ST, NW, STE 800

City WASHINGTON State DC Zip Code 20036-5045

FEC ID number of contributing federal political committee. **C** C00252940

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
 06 / 26 / 2012

Transaction ID : SA11.5848

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOWE'S COMPANIES, INC. PAC

Mailing Address 1000 LOWE'S BLVD.

City MOORESVILLE State NC Zip Code 28117-8520

FEC ID number of contributing federal political committee. **C** C00251751

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
 06 / 20 / 2012

Transaction ID : SA11.5728

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: PAGE 82 OF 119
(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)
NAT'L. ASSN. OF CONVENIENCE STORES PAC

Mailing Address 1600 DUKE STREET

City State Zip Code
ALEXANDRIA VA 22314-3466

FEC ID number of contributing federal political committee. **C C00126763**

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
06 / 26 / 2012

Transaction ID : SA11.5913

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NAT'L. CABLE & TELECOMMUNICATIONS ASSN. PAC

Mailing Address 25 MASSACHUSETTS AVE., NW, STE. 10

City State Zip Code
WASHINGTON DC 20001-1434

FEC ID number of contributing federal political committee. **C C00010082**

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
06 / 22 / 2012

Transaction ID : SA11.5752

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSN. PAC

Mailing Address 1101 KING STREET, #600

City State Zip Code
ALEXANDRIA VA 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

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
06 / 26 / 2012

Transaction ID : SA11.5855

Amount of Each Receipt this Period
2500.00
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 83 OF 119 |
| | <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 EMERGENCY MEDICINE PAC

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C** C00140061

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
 06 / 26 / 2012

Transaction ID : SA11.5870

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M STREET, N.W., #540

City WASHINGTON State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

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
 06 / 11 / 2012

Transaction ID : SA11.5508

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M STREET, N.W., #540

City WASHINGTON State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

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
 06 / 11 / 2012

Transaction ID : SA11.5509

Amount of Each Receipt this Period
 2500.00
 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 84 OF 119 |
| | <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 MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M STREET, N.W., #540

City WASHINGTON State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

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
 06 / 26 / 2012

Transaction ID : SA11.5854

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NRA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030-6003

FEC ID number of contributing federal political committee. **C C00053553**

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
 06 / 13 / 2012

Transaction ID : SA11.5533

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
OLDCASTLE MATERIALS, INC. PAC

Mailing Address 101 CONSTITUTION AVE NW SUITE 600

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00346353**

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
 06 / 12 / 2012

Transaction ID : SA11.5532

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 85 OF 119 |
| | <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)
OMNICARE INC. PAC

Mailing Address 1600 RIVER CENTER II

City State Zip Code
COVINGTON KY 41011-1540

FEC ID number of contributing federal political committee. **C C00392886**

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
 06 / 11 / 2012

Transaction ID : SA11.5512

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
OUTPATIENT OPHTHALMIC SURGERY SOCIETY PAC

Mailing Address 1155 21ST STREET, NW, STE. 300

City State Zip Code
WASHINGTON DC 20036-3312

FEC ID number of contributing federal political committee. **C C00217323**

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
 06 / 26 / 2012

Transaction ID : SA11.5912

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INS. ASSN. OF AMER. PAC

Mailing Address 2600 S. RIVER ROAD

City State Zip Code
DES PLAINES IL 60018-3203

FEC ID number of contributing federal political committee. **C C00066472**

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
 06 / 29 / 2012

Transaction ID : SA11.6014

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 86 OF 119 |
| | <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)
PROPERTY CASUALTY INS. ASSN. OF AMER. PAC

Mailing Address **2600 S. RIVER ROAD**

City **DES PLAINES** State **IL** Zip Code **60018-3203**

FEC ID number of contributing federal political committee. **C C00066472**

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
06 / 29 / 2012

Transaction ID : SA11.6015

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INS. ASSN. OF AMER. PAC

Mailing Address **2600 S. RIVER ROAD**

City **DES PLAINES** State **IL** Zip Code **60018-3203**

FEC ID number of contributing federal political committee. **C C00066472**

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
06 / 29 / 2012

Transaction ID : SA11.6015B

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INS. ASSN. OF AMER. PAC

Mailing Address **2600 S. RIVER ROAD**

City **DES PLAINES** State **IL** Zip Code **60018-3203**

FEC ID number of contributing federal political committee. **C C00066472**

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
06 / 29 / 2012

Transaction ID : SA11.6017

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 87 OF 119 |
| | <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)
PROSPERITY PAC

Mailing Address 1006 PENDLETON STREET

City State Zip Code
ALEXANDRIA VA 22314-1837

FEC ID number of contributing federal political committee. **C C00377689**

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
 06 / 26 / 2012

Transaction ID : SA11.5845

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REPAC - REINSURANCE ASSOCIATION OF AMERICA PAC

Mailing Address 1445 NEW YORK AV NW 7TH FLOOR

City State Zip Code
WASHINGTON DC 20005-2134

FEC ID number of contributing federal political committee. **C C00256453**

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
 06 / 30 / 2012

Transaction ID : SA11.5970

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REPUBLICAN MAJORITY FUND

Mailing Address P.O. BOX 144

City State Zip Code
ALEXANDRIA VA 22313-0144

FEC ID number of contributing federal political committee. **C C00296640**

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
 06 / 30 / 2012

Transaction ID : SA11.5945

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 88 OF 119 |
| | <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)
SOCIETY FOR VASCULAR SURGERY PAC

Mailing Address 633 N. ST. CLAIR ST., 24TH FLOOR

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| CHICAGO | IL | 60611-6554 |

FEC ID number of contributing federal political committee. **C** C00381459

| | |
|------------------|------------|
| 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
 06 / 29 / 2012

Transaction ID : SA11.6016

Amount of Each Receipt this Period
 _____ 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SUPPORT TO ENSURE VICTORY EVERYWHERE PAC STEVE PAC

Mailing Address 228 S WASHINGTON ST SUITE 115

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| ALEXANDRIA | VA | 22314-5404 |

FEC ID number of contributing federal political committee. **C** C00501478

| | |
|------------------|------------|
| 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
 06 / 12 / 2012

Transaction ID : SA11.5536

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SURGICAL CARE AFFILIATES PAC

Mailing Address 3000 RIVERCHASE CALLERIA, STE. 500

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| HOOVER | AL | 35244-2365 |

FEC ID number of contributing federal political committee. **C** C00440743

| | |
|------------------|------------|
| 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
 06 / 30 / 2012

Transaction ID : SA11.5943

Amount of Each Receipt this Period
 _____ 2500.00
 CONTRIBUTION

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 89 OF 119 |
| | <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. TAXPAYERS INCENSED BY GOVERNMENT EXCESS & REGULATION

Full Name (Last, First, Middle Initial)
Mailing Address 133 HARBOR DR. S.

City VENICE State FL Zip Code 34285-2214

FEC ID number of contributing federal political committee. **C** C00493239

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
 06 / 30 / 2012

Transaction ID : SA11.5944

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. TEXTILE RENTAL SERVICES ASSOCIATION

Full Name (Last, First, Middle Initial)
Mailing Address 1800 DIAGONAL RD SUITE 200

City ALEXANDRIA State VA Zip Code 22314-2842

FEC ID number of contributing federal political committee. **C** C00279828

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
 06 / 16 / 2012

Transaction ID : SA11.5593

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. THE BOEING COMPANY PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1200 WILSON BLVD.

City ARLINGTON State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

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
 06 / 26 / 2012

Transaction ID : SA11.5910

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 90 OF 119 |
| | <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 GOLDMAN SACHS GROUP, INC. PAC

Mailing Address 101 CONSTITUTION AVE., N.W., #1000

City WASHINGTON State DC Zip Code 20001-2171

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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.5977

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. 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 20004-1346

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
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11.5853

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE TRAVELERS COMPANIES, INC. PAC

Mailing Address 1 TOWER SQUARE

City HARTFORD State CT Zip Code 06183-0001

FEC ID number of contributing federal political committee. **C C00376376**

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
 06 / 25 / 2012

Transaction ID : SA11.5814

Amount of Each Receipt this Period
 2500.00
 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 91 OF 119 |
| | <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 20004-2526

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
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11.5751

Amount of Each Receipt this Period
 2000.00
 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 20036-5107

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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11.5908

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 20008-0786

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
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11.5837

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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 92 OF 119 |
| | <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)
UNITED SURGICAL PARTNERS INT'L. INC. PAC

Mailing Address 15305 DALLAS PARKWAY

City State Zip Code
ADDISON TX 75001-4637

FEC ID number of contributing federal political committee. **C** C00402073

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
 06 / 20 / 2012

Transaction ID : SA11.5733

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNIVERSAL AMERICAN CORP. PAC

Mailing Address 6 INTERNATIONAL DRIVE

City State Zip Code
RYE BROOK NY 10573-1070

FEC ID number of contributing federal political committee. **C** C00433029

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
 06 / 15 / 2012

Transaction ID : SA11.5569

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VALUE IN ELECTING WOMEN PAC

Mailing Address 701 8TH STREET, N.W., #500

City State Zip Code
WASHINGTON DC 20001-3965

FEC ID number of contributing federal political committee. **C** C00327189

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
 06 / 26 / 2012

Transaction ID : SA11.5846

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

7500.00

**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 119 |
| | <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)
VERIZON/VERIZON WIRELESS GOOD GOVT. CLUB

Mailing Address 1300 I STREET, N.W., #400W

City WASHINGTON State DC Zip Code 20005-7101

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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11.5906

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address 2700 CUMBERLAND PARKWAY, #150

City ATLANTA State GA Zip Code 30339-3321

FEC ID number of contributing federal political committee. **C** C00409805

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
 06 / 30 / 2012

Transaction ID : SA11.5942

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WELLS FARGO & COMPANY EMPLOYEE, PAC

Mailing Address 6TH & MARQUETTE, #N9305-084

City MINNEAPOLIS State MN Zip Code 55479-0001

FEC ID number of contributing federal political committee. **C** C00034595

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
 06 / 26 / 2012

Transaction ID : SA11.5907

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 94 OF 119 |
| | <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)
WINE & SPIRITS WHOLESALERS OF AMERICA PAC

Mailing Address 805 15TH STREET, N.W., #430

City WASHINGTON State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C** C00147173

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
 06 / 21 / 2012

Transaction ID : SA11.5718

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 15438

City WILMINGTON State DE Zip Code 19805

FEC ID number of contributing federal political committee. **C** C00279455

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
 06 / 30 / 2012

Transaction ID : SA11.5941

Amount of Each Receipt this Period
 1500.00

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).....

2500.00

127165.00

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 96 OF 119 | |
| | <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. CAITLIN BARANOWSKI | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2012 |
| Mailing Address 9 LOVELY LANE | | Amount of Each Disbursement this Period 720.00 Transaction ID : SB17.I1233 |
| City CARMEL | State NY | |
| Zip Code 10512 | 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) B. ROBERT J. BISHOP | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 628 WEST ROAD | | Amount of Each Disbursement this Period -2400.00 Transaction ID : SB17.I1251 |
| City NEW CANAAN | State CT | |
| Zip Code 06840 | Purpose of Disbursement VOID CHECK DATED 12/31/10 | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2010 <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 06 / 22 / 2012 |
| Mailing Address 39 1/2 WATKINS AVE. | | Amount of Each Disbursement this Period 184.80 Transaction ID : SB17.I1218 |
| City MIDDLETOWN | State NY | |
| Zip Code 10940 | Purpose of Disbursement MILEAGE REIMBURSEMENT | 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)..... | -1495.20 |
| 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 97 OF 119 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. CONNOR P. GILLIS | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2012 | |
| Mailing Address 39 1/2 WATKINS AVE. | | | Amount of Each Disbursement this Period 1000.00 | |
| City MIDDLETOWN | State NY | Zip Code 10940 | Transaction ID : SB17.I1232 | |
| 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) B. BRUCE HARVIE | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012 | |
| Mailing Address 109 WOODCREST DR. | | | Amount of Each Disbursement this Period 863.87 | |
| City HOPEWELL JCT. | State NY | Zip Code 12533 | Transaction ID : SB17.I1225 | |
| Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW | | Category/ Type | EXPENSE REIMBURSEMENT: SEE BELOW | |
| 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. HOLIDAY INN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012 | |
| Mailing Address 21 SCHUYLER BLVD. | | | Amount of Each Disbursement this Period 353.46 | |
| City FISHKILL | State NY | Zip Code 12524 | Transaction ID : SB17.I1226 | |
| Purpose of Disbursement LODGING | | Category/ Type | [MEMO ITEM] MEMO: LODGING | |
| 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)..... | 1863.87 |
| 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 98 OF 119 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. STAPLES | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012 |
| Mailing Address 856-58 SOUTH ROAD / RTE 9 | | Amount of Each Disbursement this Period 14.30 |
| City WAPPINGERS FALLS | State NY | |
| Zip Code 12590 | Purpose of Disbursement COPIES | Transaction ID : SB17.I1227 |
| 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: COPIES |
| State: District: 00 | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. POSTAL SERVICE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012 |
| Mailing Address 108 MAIN STREET | | Amount of Each Disbursement this Period 270.00 |
| City WARWICK | State NY | |
| Zip Code 10990 | Purpose of Disbursement POSTAGE | Transaction ID : SB17.I1228 |
| 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: POSTAGE |
| State: District: 00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. WALMART | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012 |
| Mailing Address 26 W. MERRITT BLVD. | | Amount of Each Disbursement this Period 39.66 |
| City FISHKILL | State NY | |
| Zip Code 12524 | Purpose of Disbursement OFFICE SUPPLIES | Transaction ID : SB17.I1229 |
| 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: OFFICE SUPPLIES |
| State: District: 00 | | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 99 OF 119 | |
| | <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. KATELIN P. HARVIE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2012 |
| Mailing Address 109 WOODCREST DRIVE | | Amount of Each Disbursement this Period 9,999.99 168.00 |
| City HOPEWELL JCT. State NY Zip Code 12533 | Purpose of Disbursement SALARY | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1234 |
| 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. MICHAEL NELSON | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012 |
| Mailing Address 22 JOHN ST. | | Amount of Each Disbursement this Period 9,999.99 3208.00 |
| City SAUGERTIES State NY Zip Code 12477 | Purpose of Disbursement PHOTOGRAPHY SERVICE & SUPPLIES | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1213 |
| 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. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address P.O. BOX 1270 | | Amount of Each Disbursement this Period 9,999.99 6065.83 |
| City NEWARK State NJ Zip Code 07101 | Purpose of Disbursement CREDIT CARD: SEE BELOW | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1255 CREDIT CARD: SEE BELOW |
| 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 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 9441.83 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 100 OF 119 | |
| | <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. APPLE WEB STORE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 1 INFINITE LOOP | | Amount of Each Disbursement this Period 1921.38 |
| City CUPERTINO State CA Zip Code 95014 | Purpose of Disbursement MEMO: COMPUTER EQUIPMENT | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1256 [MEMO ITEM] MEMO: COMPUTER EQUIPMENT |
| 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. CAPITOL HILL CLUB | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 300 FIRST STREET, SE | | Amount of Each Disbursement this Period 1189.63 |
| City WASHINGTON State DC Zip Code 20003 | Purpose of Disbursement MEMO: FOOD & BEVERAGE | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1257 [MEMO ITEM] MEMO: FOOD & BEVERAGE |
| 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. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012 |
| Mailing Address 5055 SEMINARY ROAD, #612 | | Amount of Each Disbursement this Period 800.00 |
| City ALEXANDRIA State VA Zip Code 22311 | Purpose of Disbursement MEMO: COMPLIANCE SOFTWARE | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1258 [MEMO ITEM] MEMO: COMPLIANCE SOFTWARE |
| 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 | |

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 101 OF 119 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. EXXON MOBIL | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 20 E. MAIN STREET | | Amount of Each Disbursement this Period 64.25 |
| City WALDEN | State NY Zip Code 12586 | |
| Purpose of Disbursement MEMO: FUEL | Candidate Name | Transaction ID : SB17.I1265 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: 00 | Category/Type | [MEMO ITEM] MEMO: FUEL |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 3965 AIRWAYS, MODULE G | | Amount of Each Disbursement this Period 145.69 |
| City MEMPHIS | State TN Zip Code 38116 | |
| Purpose of Disbursement MEMO: SHIPPING | Candidate Name | Transaction ID : SB17.I1262 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: 00 | Category/Type | [MEMO ITEM] MEMO: SHIPPING |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. HESS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 3911 CROMPOND RD | | Amount of Each Disbursement this Period 60.00 |
| City CORTLANDT MANOR | State NY Zip Code 10567 | |
| Purpose of Disbursement MEMO: FUEL | Candidate Name | Transaction ID : SB17.I1266 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: 00 | Category/Type | [MEMO ITEM] MEMO: FUEL |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 102 OF 119 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SHELL OIL | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 1208 OREGON ROAD | | Amount of Each Disbursement this Period 66.00 |
| City CORTLANDT MANOR | State NY | |
| Zip Code 10567 | Purpose of Disbursement MEMO: FUEL | Transaction ID : SB17.I1263 |
| 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: FUEL |
| State: District: 00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. POSTAL SERVICE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012 |
| Mailing Address 108 MAIN STREET | | Amount of Each Disbursement this Period 316.30 |
| City WARWICK | State NY | |
| Zip Code 10990 | Purpose of Disbursement MEMO: POSTAGE | Transaction ID : SB17.I1259 |
| 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: POSTAGE |
| State: District: 00 | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. VOCALOCITY INC. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 1375 PEACHTREE ST., NE, #175 | | Amount of Each Disbursement this Period 573.20 |
| City ATLANTA | State GA | |
| Zip Code 30309 | Purpose of Disbursement MEMO: TELEPHONE EQUIPMENT | Transaction ID : SB17.I1260 |
| 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: TELEPHONE EQUIPMENT |
| State: District: 00 | | |

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 103 OF 119 | |
| | <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. WAWA

Mailing Address **8118 OCEAN GATEWAY**

City **EASTON** State **MD** Zip Code **21601**

Purpose of Disbursement
MEMO: FUEL

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **06 / 07 / 2012**

Amount of Each Disbursement this Period: **41.37**

Transaction ID : **SB17.I1264**

[MEMO ITEM]
MEMO: FUEL

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

Mailing Address **7704 LEESBURG PIKE**

City **FALLS CHURCH** State **VA** Zip Code **22043**

Purpose of Disbursement
MEMO: ONLINE FUNDRAISING

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **06 / 11 / 2012**

Amount of Each Disbursement this Period: **430.26**

Transaction ID : **SB17.I1261**

[MEMO ITEM]
MEMO: ONLINE FUNDRAISING

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

Mailing Address **453 ROUTE 9, PO BOX 436**

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

Purpose of Disbursement
COPIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **06 / 22 / 2012**

Amount of Each Disbursement this Period: **141.54**

Transaction ID : **SB17.I1219**

SUBTOTAL of Disbursements This Page (optional)..... **141.54**

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 104 OF 119 | |
| | <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. CAMPAIGN SOLUTIONS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012 |
| Mailing Address 117 NORTH SAINT ASAPH STREET | | Amount of Each Disbursement this Period 1924.40 |
| City ALEXANDRIA State VA Zip Code 22314 | Purpose of Disbursement EMAIL SERVICE | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1212 |
| 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 | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. CD INC. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012 |
| Mailing Address P.O. BOX 1877 | | Amount of Each Disbursement this Period 5000.00 |
| City ALEXANDRIA State VA Zip Code 22313 | Purpose of Disbursement ONLINE ADVERTISING | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1222 |
| 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 | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. CITI CARDS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address P.O. BOX 182564 | | Amount of Each Disbursement this Period 337.46 |
| City COLUMBUS State OH Zip Code 43218 | Purpose of Disbursement CREDIT CARD: SEE BELOW | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1267 CREDIT CARD: SEE BELOW |
| 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 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 7261.86 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 105 OF 119 | |
| | <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. TALAY THAI RESTAURANT | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 406 FIRST STREET, SE | | | Amount of Each Disbursement this Period 99.61 |
| City WASHINGTON | State DC | Zip Code 20003 | |
| Purpose of Disbursement MEMO: FOOD & BEVERAGE | | Category/ Type | Transaction ID : SB17.I1269 [MEMO ITEM] MEMO: FOOD & BEVERAGE |
| 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 | | | |

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|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. TORTILLA COAST | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012 |
| Mailing Address 401 1ST ST, SE | | | Amount of Each Disbursement this Period 86.68 |
| City WASHINGTON | State DC | Zip Code 20003 | |
| Purpose of Disbursement MEMO: FOOD & BEVERAGE | | Category/ Type | Transaction ID : SB17.I1268 [MEMO ITEM] MEMO: FOOD & BEVERAGE |
| 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 | | | |

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|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) C. WE THE PIZZA | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012 |
| Mailing Address 305 PENNSYLVANIA AVE., SE | | | Amount of Each Disbursement this Period 56.61 |
| City WASHINGTON | State DC | Zip Code 20003 | |
| Purpose of Disbursement MEMO: FOOD & BEVERAGE | | Category/ Type | Transaction ID : SB17.I1270 [MEMO ITEM] MEMO: FOOD & BEVERAGE |
| 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 | | | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 OF 119 | | | |
| | <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. EXECUTIVE STAR | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012 |
| Mailing Address 180 E. PROSPECT AVENUE | | Amount of Each Disbursement this Period 19831.93 |
| City MAMARONECK State NY Zip Code 10543 | Purpose of Disbursement DIRECT MAIL SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1152 |
| 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 06 / 08 / 2012 |
| Mailing Address 3214 N. UNIVERSITY AVE., #610 | | Amount of Each Disbursement this Period 1218.68 |
| City PROVO State UT Zip Code 84604 | Purpose of Disbursement TELECOMM EQUIPMENT & SERVICE | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1151 |
| 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 | | |

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| Full Name (Last, First, Middle Initial) C. OPTIMUM BUSINESS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012 |
| Mailing Address 6 CORPORATE CENTER DRIVE | | Amount of Each Disbursement this Period 130.73 |
| City MELVILLE State NY Zip Code 11747 | Purpose of Disbursement CABLE / INTERNET SERVICE | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1221 |
| 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 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 21181.34 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 107 OF 119 | |
| | <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 06 / 18 / 2012 |
| Mailing Address 300 WESTAGE BUS. CENTER, STE 130 | | Amount of Each Disbursement this Period 59.79 |
| City FISHKILL State NY Zip Code 12524 | Purpose of Disbursement PAYROLL SERVICES | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1231 |
| 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 06 / 16 / 2012 |
| Mailing Address 300 WESTAGE BUS. CENTER, STE 130 | | Amount of Each Disbursement this Period 317.18 |
| City FISHKILL State NY Zip Code 12524 | Purpose of Disbursement PAYROLL TAXES | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1235 |
| 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. RCCC LLC | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012 |
| Mailing Address 247 FARRAGUT AVE. | | Amount of Each Disbursement this Period 499.00 |
| City HASTINGS ON HUDSON State NY Zip Code 10706 | Purpose of Disbursement DATABASE & VOTER FILE MANAGEMENT | |
| Candidate Name | Category/Type | Transaction ID : SB17.I1150 |
| 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 | | |

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|---|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 875.97 |
| 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 108 OF 119 | |
| | <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 POTTS RESEARCH | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012 |
| Mailing Address 8021 WASHINGTON RD. | | Amount of Each Disbursement this Period 1500.00 |
| City ALEXANDRIA | State VA | |
| Zip Code 22308 | Purpose of Disbursement RESEARCH SERVICES | Transaction ID : SB17.I1224 |
| 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 06 / 30 / 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 FEES | Transaction ID : SB17.I1299 |
| Candidate Name | Category/Type | |
| 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 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. THE HALLISEY GROUP | | Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012 |
| Mailing Address 38 E. 85TH STREET, #5E | | Amount of Each Disbursement this Period 7500.00 |
| City NEW YORK | State NY | |
| Zip Code 10028 | Purpose of Disbursement FUNDRAISING CONSULTING | Transaction ID : SB17.I1137 |
| 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)..... | 9025.00 |
| 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 109 OF 119 | |
| | <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 MANAGEMENT COMPANIES

Mailing Address 78 NORTH STATE ROAD

City BRIARCLIFF MANOR State NY Zip Code 10510

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 06 / 22 / 2012

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.I1223

Full Name (Last, First, Middle Initial)
B. THE TOWNSEND GROUP

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

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: 06 / 13 / 2012

Amount of Each Disbursement this Period: 3252.51

Transaction ID : SB17.I1214

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

Mailing Address P.O. BOX 15124

City ALBANY State NY Zip Code 12212

Purpose of Disbursement VOIDED CHECK DATED 5/24/12

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 06 / 25 / 2012

Amount of Each Disbursement this Period: -232.57

Transaction ID : SB17.I1271

SUBTOTAL of Disbursements This Page (optional)..... 4019.94

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 110 OF 119 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012 |
| Mailing Address P.O. BOX 4003 | | Amount of Each Disbursement this Period 377.64 |
| City ACWORTH | State GA | Zip Code 30101 |
| Purpose of Disbursement TELEPHONE SERVICE | Category/Type | |
| Candidate Name | Transaction ID : SB17.I1230 | |
| 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. W.B. MASON CO. INC. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012 |
| Mailing Address P.O. BOX 111 | | Amount of Each Disbursement this Period 218.73 |
| City BROCKTON | State MA | Zip Code 02303 |
| Purpose of Disbursement OFFICE SUPPLIIES | Category/Type | |
| Candidate Name | Transaction ID : SB17.I1215 | |
| 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. W.B. MASON CO. INC. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012 |
| Mailing Address P.O. BOX 111 | | Amount of Each Disbursement this Period 81.28 |
| City BROCKTON | State MA | Zip Code 02303 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/Type | |
| Candidate Name | Transaction ID : SB17.I1216 | |
| 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 | | |

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|---|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 677.65 |
| 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 119 | | | |
| | <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. W.B. MASON CO. INC. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012 |
| Mailing Address P.O. BOX 111 | | Amount of Each Disbursement this Period 66.08 |
| City BROCKTON | State MA | |
| Zip Code 02303 | Purpose of Disbursement OFFICE SUPPLIES | Transaction ID : SB17.I1217 |
| 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. W.B. MASON CO. INC. | | Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012 |
| Mailing Address P.O. BOX 111 | | Amount of Each Disbursement this Period 31.77 |
| City BROCKTON | State MA | |
| Zip Code 02303 | Purpose of Disbursement OFFICE SUPPLIES | Transaction ID : SB17.I1220 |
| 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. WELLS FARGO | | Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012 |
| Mailing Address 41 S. MOGER AVENUE | | Amount of Each Disbursement this Period 12.00 |
| City MOUNT KISCO | State NY | |
| Zip Code 10549 | Purpose of Disbursement BANK FEE | Transaction ID : SB17.I1274 |
| 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 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 109.85 |
| 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 112 OF 119 | | | |
| | <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. WELLS FARGO | | Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012 |
| Mailing Address 41 S. MOGER AVENUE | | Amount of Each Disbursement this Period 38.75 |
| City MOUNT KISCO State NY Zip Code 10549 | Purpose of Disbursement BANK FEES | |
| Candidate Name | | Category/Type |
| 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) | Transaction ID : SB17.I1275 |
| 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)..... | 38.75 |
| TOTAL This Period (last page this line number only)..... | 53142.40 |

**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 119 | | | |
| | <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. JEFFREY COOK | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012 |
| Mailing Address 99 MAIN ST. | | Amount of Each Disbursement this Period 900.00 Transaction ID : SB20A.I1280 |
| City COLD SPRINGS State NY Zip Code 10516 | Purpose of Disbursement REFUND - OVER LIMIT PRIMARY | |
| 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. STEPHEN SCHAIBLE | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012 |
| Mailing Address 1016 5TH AVE., #10D | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I1252 |
| City NEW YORK State NY Zip Code 10028 | Purpose of Disbursement REFUND - OVER LIMIT | |
| 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. ALFRED TINGER | | Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012 |
| Mailing Address 136 DORCHESTER DRIVE | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.I1253 |
| City YORKTOWN HEIGHTS State NY Zip Code 10598 | Purpose of Disbursement REFUND - OVER LIMIT | |
| 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 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5900.00 |
| 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 114 OF 119 | | | |
| | <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. LOUIS WOODHILL | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012 |
| Mailing Address 7 HAMPTON COURT | | Amount of Each Disbursement this Period 1000.00 |
| City HOUSTON State TX Zip Code 77024 | Category/Type | |
| Purpose of Disbursement REFUND OVER LIMIT PRIMARY | Candidate Name | Transaction ID : SB20A.I1279 |
| 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. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Category/Type | |
| Purpose of Disbursement | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Category/Type | |
| Purpose of Disbursement | 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)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | 6900.00 |

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 M / D D / Y 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: <input style="width: 100%;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|--|--|
| SUBTOTALS This Period This Page (optional)..... | <input style="width: 100%;" type="text" value="40000.00"/> |
| TOTALS This Period (last page in this line only)..... | <input style="width: 100%;" type="text"/> |
| 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 M / D D / Y 12/31/2012 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: M 03 / D 31 / Y 2010
 Date Due: M / D / Y 12/31/2012
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

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

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 30

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
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 30 / 2010 M M / D D / 12/31/2012 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)..... 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.