

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Espaillat for Congress

ADDRESS (number and street) 210 Sherman Avenue
Suite B
 Check if different than previously reported. (ACC) New York NY 10034

2. **FEC IDENTIFICATION NUMBER** C C00518365 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NY 13

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2013 through 09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Seny Taveras

Signature of Treasurer Seny Taveras *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 15 / 2013

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Espallat for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	45101.00	414610.75
(b) Total Contribution Refunds (from Line 20(d))	2350.00	4000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	42751.00	410610.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3050.00	384229.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3050.00	384229.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	60429.08	
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).....	14177.10	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Espallat for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41900.00	389576.75
(ii) Unitemized	2201.00	19784.00
(iii) TOTAL of contributions from individuals	44101.00	409360.75
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	5250.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	45101.00	414610.75
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	45101.00	414610.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3050.00	384229.47
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	2350.00	4000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2350.00	4000.00
21. OTHER DISBURSEMENTS	0.00	2500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5400.00	390729.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20728.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45101.00
25. SUBTOTAL (add Line 23 and Line 24).....	65829.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5400.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	60429.08

**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 22
	<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)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. joseph awad		Date of Receipt MM / DD / YYYY 07 / 15 / 2013
Mailing Address 600 old country road		Transaction ID : SA11AI.5862
City garden city	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation attorney	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Arol I Buntzman		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 12747 Yacht Club Circle		Transaction ID : SA11AI.5961
City Fort Myers	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer REtired	Occupation REtired	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Antonio G. Cabrera		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 1 Fremont Road		Transaction ID : SA11AI.5959
City Sleepy Hollow	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer High Class Car Service	Occupation Owner	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3000.00
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: PAGE 6 OF 22
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
jason m CARBALLO

Mailing Address **22 woodland road**

City **montvale** State **NJ** Zip Code **07645**

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

Name of Employer **castle financial** Occupation **coo**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 09 / 2013

Transaction ID : SA11AI.5888

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
jose de jesus contreras

Mailing Address **12 queens court**

City **orangeburg** State **NY** Zip Code **10962**

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

Name of Employer **self** Occupation **doctor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 09 / 2013

Transaction ID : SA11AI.5878

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
jose de jesus contreras

Mailing Address **12 queens court**

City **orangeburg** State **NY** Zip Code **10962**

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

Name of Employer **self** Occupation **doctor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.5963

Amount of Each Receipt this Period
500.00

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 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) luis corona		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 10 evergreen way		Transaction ID : SA11AI.5958
City glen head	State NY	
Zip Code 11545		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer self employed	Occupation supermarket owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) leomar cruz		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2013
Mailing Address p.o. box 20260		Transaction ID : SA11AI.5875
City new york	State NY	
Zip Code 10001		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer international development inst	Occupation school director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Ydelfonso decoo		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2013
Mailing Address 845 westminister avenue		Transaction ID : SA11AI.5865
City hillside	State NJ	
Zip Code 07205		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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 8 OF 22
	<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)
Espallat for Congress

A. Full Name (Last, First, Middle Initial)
yessenia i estrella

Mailing Address 52 atlantic avenue

City State Zip Code
freeport NY 11520

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

Name of Employer Occupation
planned parenthood administrative

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5900

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
fernando ferrer

Mailing Address 2521 palisade avenue

City State Zip Code
bronx NY 10463

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

Name of Employer Occupation
mercy college educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.5952

Amount of Each Receipt this Period
500.00

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

Mailing Address 1221 fteley avenue

City State Zip Code
bronx NY 10472

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

Name of Employer Occupation
Fine Fare Supermarket owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2013

Transaction ID : SA11AI.5863

Amount of Each Receipt this Period
1500.00

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 9 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) rodolfo fuertes		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2013
Mailing Address 1221 fteley avenue		Transaction ID : SA11AI.5904
City bronx	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fine Fare Supermarket	Occupation owner	Election Cycle-to-Date 2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) jose goris		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2013
Mailing Address 30-36 sickles street A		Transaction ID : SA11AI.5868
City new york	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self	Occupation Doctor	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) ana r guzman		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2013
Mailing Address 27 castle walk		Transaction ID : SA11AI.5872
City scarsdale	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
eliscer guzman

Mailing Address 27 castle walk

City scarsdale State NY Zip Code 10583

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2013

Transaction ID : SA11AI.5926

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
aurelio henriquez

Mailing Address 4 ann place

City monroe State NY Zip Code 10950

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4 Lavendar Lane

City Rye State NY Zip Code 10580

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

Name of Employer Occupation
 Self Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.5962

Amount of Each Receipt this Period
 1000.00

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

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

3250.00

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

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

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NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
kenneth krasne

Mailing Address 65 west red oak lane

City State Zip Code
white plains NY 10604

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

Name of Employer self Occupation consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5923

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
rafael lantigua

Mailing Address 102 orchard avenue

City State Zip Code
emerson NJ 07630

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

Name of Employer self Occupation doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 99 Clinton Street

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period
 1000.00

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 12 OF 22
	<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)
Espallat for Congress

Full Name (Last, First, Middle Initial) A. grace martinez		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2013
Mailing Address 209 buddtown road		Transaction ID : SA11AI.5877
City southhampton	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer owner	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Luis Minaya		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2013
Mailing Address 20 Sherman Avenue Apt. 5A		Transaction ID : SA11AI.5883
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer NHS Hardware	Occupation Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) C. cirilo moronta		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2013
Mailing Address 5 markham circle		Transaction ID : SA11AI.5964
City englewood	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer 809 restaurant	Occupation owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1900.00
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 22
	<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)
Espallat for Congress

A. Full Name (Last, First, Middle Initial)
Luis J. Muniz

Mailing Address 40 Bradford Street

City State Zip Code
Hawthorne NY 10532

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

Name of Employer Occupation
El Presidente Restaurant Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
candido noberto

Mailing Address 106 fort washington

City State Zip Code
new york NY 10032

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

Name of Employer Occupation
self doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5866

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1059 Solider Hill Road

City State Zip Code
Oradell NJ 07649

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

Name of Employer Occupation
Self Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5894

Amount of Each Receipt this Period
250.00

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

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

3250.00

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

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

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) Daysi Ortiz		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2013
Mailing Address 330 wadsworth avenue		Transaction ID : SA11AI.5864
City new york	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <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) robert perello		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2013
Mailing Address 401 ne 113th street		Transaction ID : SA11AI.5895
City miami	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) Eduardo L Pignanelli		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2013
Mailing Address 601 West 177th Street Apt. 1		Transaction ID : SA11AI.5874
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self	Occupation Doctor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 22
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
indhira polanco

Mailing Address 2140 watson avenue

City State Zip Code
bronx NY 10472

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.5969

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
reucar Quijada

Mailing Address 19 oak drive

City State Zip Code
new hyde park NY 11040

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5871

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
zoilo j ramirez

Mailing Address 140 briggs avenue

City State Zip Code
yonkers NY 10701

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5881

Amount of Each Receipt this Period
 250.00

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 16 OF 22
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
marian rodriguez

Mailing Address 1632 university avenue

City State Zip Code
bronx NY 10453

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5907

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Francisco Rosario

Mailing Address 30 Bridalway

City State Zip Code
fort lee NJ 07024

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

Name of Employer Occupation
doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5897

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 582 Fourth Street

City State Zip Code
Brooklyn NY 11215

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

Name of Employer Occupation
Self Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5906

Amount of Each Receipt this Period
 1000.00

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 17 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
fernando taveras

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5870

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
maria taveras

Mailing Address 1285 neppeerhan avenue

City State Zip Code
 yonkers NY 10703

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.5955

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2200 east tremont avenue

City State Zip Code
 bronx NY 10462

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5902

Amount of Each Receipt this Period
 1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
bianka vega

Mailing Address 6013 huxley avenue

City State Zip Code
bronx NY 10471

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

Name of Employer self Occupation attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA11AI.5880

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

41900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 22
	<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)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
theatrical teamsters local 817 pac

Mailing Address 127 cutter mill road

City great neck State NY Zip Code 11021

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2013

Transaction ID : SA11C.5929

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**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 20 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Glaction LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 5030 Broadway		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5936
City New York	State NY	
Zip Code 10034	Purpose of Disbursement consult fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Glaction LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 5030 Broadway		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5937
City New York	State NY	
Zip Code 10034	Purpose of Disbursement 2nd consulting fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

**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 21 OF 22			
	<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)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. ana r guzman		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 27 castle walk		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB20A.5933
City scarsdale	State NY	
Zip Code 10583	Purpose of Disbursement bounced check	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. aurelio henriquez		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2013
Mailing Address 4 ann place		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.5934
City monroe	State NY	
Zip Code 10950	Purpose of Disbursement bounced check	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) 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).....	2250.00
TOTAL This Period (last page this line number only).....	2250.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Espailat for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Glaction LLC

Mailing Address 5030 Broadway

City State Zip Code
New York NY 10034

Nature of Debt (Purpose):
consult fee due

Outstanding Balance Beginning This Period **Transaction ID : SD10.5144**
1500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 1500.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
stoll glickman & bellina

Mailing Address 475 Atlantic Avenue

City State Zip Code
brooklyn NY 11217

Nature of Debt (Purpose):
legal fees towards recount

Outstanding Balance Beginning This Period **Transaction ID : SD10.5967**
14177.10

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 14177.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	▶	14177.10
2) TOTALS This Period (last page this line number only)	▶	14177.10
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		14177.10