

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Friends of Nan Hayworth

ADDRESS (number and street) P, O, Box 189  
 Check if different than previously reported. (ACC)  
Mount Kisco NY 10549

2. **FEC IDENTIFICATION NUMBER** C00466490  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
NY 19

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 in the State of  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 07 01 2009 through 09 30 2009

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 Nancy H. Watkins

Signature of Treasurer Electronically Filed by Nancy H. Watkins Date 10 15 2009

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

FEC Form 3 (Revised 02/2003)

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)).....	168246.99	168246.99
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	168246.99	168246.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	0.00	0.00
(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)).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	318246.99	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	150000.00	

**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: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	160850.00	160850.00
(i) Itemized (use Schedule A).....	2396.99	2396.99
(ii) Unitemized.....	163246.99	163246.99
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	5000.00	5000.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	168246.99	168246.99
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	150000.00	150000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	150000.00	150000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>		
	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
	0.00	0.00
<b>16. TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	318246.99	318246.99

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	0.00	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	0.00	

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	318246.99
25. SUBTOTAL (add Line 23 and Line 24).....	318246.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	318246.99

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 40
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) American Medical Group Association PAC		Date of Receipt
	Mailing Address P. O. Box 26366		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Alexandria	VA	22313
	FEC ID number of contributing federal political committee.		<input type="text" value="C00408120"/>
Name of Employer		Occupation	Transaction ID: C-1-000d01
Receipt For: 2010		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER: PAGE 6 / 40  
(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)  
C. Edward Brown

Mailing Address 805 59th Street

City State Zip Code  
West Des Moines IA 50266

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The Iowa Clinic c.e.o.

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 0 9

**Transaction ID:** C-3-001M01

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Todd D. Carlin

Mailing Address 6 Hilltop Road

City State Zip Code  
Waccabuc NY 10597

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Kellogg Partners equity trader

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

**Transaction ID:** C-4-001X01

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael L. Cohen

Mailing Address 8 Donellan Road

City State Zip Code  
Scarsdale NY 10583

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mount Kisco Medical Group physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

**Transaction ID:** C-6-001701

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

**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 7 / 40  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mitchell D. Cohn</p> <p>Mailing Address 76 Valley Lane</p> <p>City State Zip Code Chappaqua NY 10514</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Anesthesia Management Group</p> <p>Occupation physician</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> C-7-001001</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Margaret A. Collins</p> <p>Mailing Address 575 Old Bedford Road</p> <p>City State Zip Code Mount Kisco NY 10549</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Mount Kisco Medical Group</p> <p>Occupation physician</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> C-8-001F01</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Julie Lynn Davenport</p> <p>Mailing Address 7116 Hasentree Club Drive</p> <p>City State Zip Code Wake Forest NC 27587</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer n/a</p> <p>Occupation homemaker</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> C-10-001001</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">5800.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 40  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Roger L. Davenport</p> <p>Mailing Address 7116 Hasentree Club Drive</p> <p>City State Zip Code Wake Forest NC 27587</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Allscripts</p> <p>Occupation executive</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 25 / 2009</span></p> <p><b>Transaction ID:</b> C-11-000z01</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard K. Davidson</p> <p>Mailing Address 4875 Pelican Colony Blvd.</p> <p>City State Zip Code Bonita Springs FL 34134</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer n/a</p> <p>Occupation retired</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 08 / 2009</span></p> <p><b>Transaction ID:</b> C-12-000J01</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Virna DeMartino</p> <p>Mailing Address 24 Glassbury Court</p> <p>City State Zip Code Mount Kisco NY 10549</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Mount Kisco Medical Group</p> <p>Occupation physician</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 22 / 2009</span></p> <p><b>Transaction ID:</b> C-13-000q01</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3150.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 40  
(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. Deane  
 Mailing Address 3829 Richland Avenue  
 City Nashville State TN Zip Code 37205  
 Date of Receipt 09 / 25 / 2009  
**Transaction ID:** C-14-001B01  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwind Health Partners Occupation health care executive  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mark S. Defrancesco  
 Mailing Address 35 Terrell Farm Place  
 City Cheshire State CT Zip Code 06410  
 Date of Receipt 09 / 04 / 2009  
**Transaction ID:** C-15-000C01  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physicians for Women's Health Occupation physician  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 250.00

**C.** Full Name (Last, First, Middle Initial)  
Corrinne Divestea  
 Mailing Address 3667 Route 301  
 City Carmel State NY Zip Code 10512  
 Date of Receipt 09 / 14 / 2009  
**Transaction ID:** C-17-000b01  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation homemaker  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... **750.00**  
**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 10 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

<b>A.</b>	Full Name (Last, First, Middle Initial) Celia Dosoretz		Date of Receipt
	Mailing Address 13221 Ponderosa Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2009
	City	State	Zip Code
	Fort Myers	FL	33907
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C-18-000p01
Name of Employer n/a		Occupation homemaker	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2400.00
		<input type="text"/> 4800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Celia Dosoretz		Date of Receipt
	Mailing Address 13221 Ponderosa Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2009
	City	State	Zip Code
	Fort Myers	FL	33907
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C-19-000p02
Name of Employer n/a		Occupation homemaker	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2400.00
		<input type="text"/> 4800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel E. Dosoretz		Date of Receipt
	Mailing Address 13221 Ponderosa Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2009
	City	State	Zip Code
	Fort Myers	FL	33907
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C-20-000o01
Name of Employer 21st Century Oncology		Occupation physician	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2400.00
		<input type="text"/> 4800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 7200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 40  
(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)  
Daniel E. Dosoretz

Mailing Address 13221 Ponderosa Way

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer 21st Century Oncology      Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

**Transaction ID:** C-21-000o02

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Alyssa Dweck

Mailing Address 62 Hilltop Drive

City State Zip Code  
Chappaqua NY 10514

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

Name of Employer Mount Kisco Medical Group      Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	9

**Transaction ID:** C-22-000c01

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Harvey P. Eiser

Mailing Address 100 S. Bedford Road

City State Zip Code  
Mount Kisco NY 10549

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

Name of Employer Bedford Oaks Advisors, LLC      Occupation principal

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	9

**Transaction ID:** C-23-000E01

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

**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 12 / 40  
(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)  
Harvey P. Eiser

Mailing Address 100 S. Bedford Road

City State Zip Code  
Mount Kisco NY 10549

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

Name of Employer Occupation  
Bedford Oaks Advisors, LLC principal

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2009

**Transaction ID:** C-24-000E02

Amount of Each Receipt this Period  
2400.00

4800.00

**B.**

Full Name (Last, First, Middle Initial)  
Allan H. Farquhar

Mailing Address 171 S. Whiterock Road

City State Zip Code  
Holmes NY 12531

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

Name of Employer Occupation  
Mount Kriscó Medical Group physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2009

**Transaction ID:** C-25-000s01

Amount of Each Receipt this Period  
250.00

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Michelle Fatibene

Mailing Address 14 Mianus Bluff Drive

City State Zip Code  
Bedford NY 10506

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

Name of Employer Occupation  
None management

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2009

**Transaction ID:** C-26-001U01

Amount of Each Receipt this Period  
2400.00

4800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5050.00**

**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 13 / 40  
(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)  
Michelle Fatibene

Mailing Address 14 Mianus Bluff Drive

City Bedford State NY Zip Code 10506

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

Name of Employer None Occupation management

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 28 / 2009  
**Transaction ID: C-27-001U02**  
Amount of Each Receipt this Period 2400.00

**B.** Full Name (Last, First, Middle Initial)  
German Fenandez

Mailing Address 47 Charles Road

City Mount Kisco State NY Zip Code 10549

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

Name of Employer BDP Co., Inc. Occupation president

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2009  
**Transaction ID: C-28-001A01**  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Robert J. Fitzsimmons

Mailing Address 575 Old Bedford Road

City Mount Kisco State NY Zip Code 10549

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

Name of Employer High Road Capital Partners Occupation finance

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 25 / 2009  
**Transaction ID: C-29-001G01**  
Amount of Each Receipt this Period 2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5300.00

**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 14 / 40  
(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)  
Rebecca Fleischer

Mailing Address 23 Miller Road

City Pound Ridge State NY Zip Code 10576

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 12 / 2009  
**Transaction ID: C-30-000P01**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel H. Galmarini

Mailing Address 5051 Pelican Colony Blvd., #1903

City Bonita Springs State FL Zip Code 34134

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

Name of Employer 21st Century Oncology Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 25 / 2009  
**Transaction ID: C-31-000n01**  
 Amount of Each Receipt this Period: 2400.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel H. Galmarini

Mailing Address 5051 Pelican Colony Blvd., #1903

City Bonita Springs State FL Zip Code 34134

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

Name of Employer 21st Century Oncology Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 25 / 2009  
**Transaction ID: C-32-000n02**  
 Amount of Each Receipt this Period: 2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

**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 / 40  
(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)  
Silvia Galmarini

Mailing Address 5051 Pelican Colony Blvd., #1903

City State Zip Code  
Bonita Springs FL 34134

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** C-33-000m01

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Silvia Galmarini

Mailing Address 5051 Pelican Colony Blvd., #1903

City State Zip Code  
Bonita Springs FL 34134

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** C-34-000m02

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey P. Gold

Mailing Address 787 Lydig Avenue

City State Zip Code  
Bronx NY 10462

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

Name of Employer University of Toledo Occupation physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2009

**Transaction ID:** C-35-000g01

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7200.00**

**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 16 / 40  
(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)  
Anita Grover  
Mailing Address P. O. Box 115  
City State Zip Code  
Bridgewater CT 06752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Westchester Health physician  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2009  
Transaction ID: C-37-000601  
Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
G. Thomas Hargrove  
Mailing Address P. O. Box 115  
City State Zip Code  
Bridgewater CT 06752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2009  
Transaction ID: C-39-000701  
Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Anne C. Hayworth  
Mailing Address 41 Silver Lake Drive  
City State Zip Code  
Summit NJ 07901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
n/a homemaker  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2400.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2009  
Transaction ID: C-41-000001  
Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4900.00  
**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: <span style="float: right;">PAGE 17 / 40</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

<b>A.</b>	Full Name (Last, First, Middle Initial) Robin S. Hayworth		Date of Receipt
	Mailing Address 787 Lydig Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 14 / 2009
	City	State	Zip Code
	Bronx	NY	10462
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C-44-000f01
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/>	2400.00
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrea Herron		Date of Receipt
	Mailing Address 100 S. Bedford Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 05 / 2009
	City	State	Zip Code
	Mount Kisco	NY	10549
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C-45-000F01
Name of Employer Bedford Oaks Advisor, LLC		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/>	4800.00
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrea Herron		Date of Receipt
	Mailing Address 100 S. Bedford Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 05 / 2009
	City	State	Zip Code
	Mount Kisco	NY	10549
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C-46-000F02
Name of Employer Bedford Oaks Advisor, LLC		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text"/>
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/>	4800.00
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 18 / 40</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

<b>A.</b>	Full Name (Last, First, Middle Initial) Marc A. Hertz	Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address 204 Country Ridge Drive	<b>Transaction ID:</b> C-47-000G01
	City State Zip Code Rye Brook NY 10573	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mount Kisco Medical Group Occupation physician Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Suzanne P. Holloran	Date of Receipt MM / DD / YYYY 09 / 24 / 2009
	Mailing Address 35 Wrights Mill Road	<b>Transaction ID:</b> C-48-000y01
	City State Zip Code Armonk NY 10504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer n/a Occupation homemaker Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Iffath A. Hoskins	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 9229 Shore Road, #2E	<b>Transaction ID:</b> C-49-001H01
	City State Zip Code Brooklyn NY 11209	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lutheran Medical Center Occupation physician Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4650.00</b>
<b>TOTAL</b> 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 19 / 40  
(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)  
Michael J. Katin

Mailing Address 2234 Colonial Blvd.

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer 21st Century Oncology      Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

**Transaction ID:** C-51-000101

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Katin

Mailing Address 2234 Colonial Blvd.

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer 21st Century Oncology      Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

**Transaction ID:** C-52-000102

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
Adina H. Keller

Mailing Address 30 Gedney Way

City State Zip Code  
Chappaqua NY 10514

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

Name of Employer Mount Kisco Medical Group      Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

**Transaction ID:** C-53-001E01

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5800.00**

**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 20 / 40  
(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)  
Jeffrey L. Keller

Mailing Address 30 Gedney Way

City Chappaqua State NY Zip Code 10514

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

Name of Employer Mount Kisco Medical Group Occupation physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2009  
**Transaction ID: C-54-001D01**  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Edward W. Kelly

Mailing Address 87 Bedford Road

City Katonah State NY Zip Code 10536

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

Name of Employer self-employed Occupation building contractor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2009  
**Transaction ID: C-55-000R01**  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Sue W. Kelly

Mailing Address 187 Jay Street

City Katonah State NY Zip Code 10536

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

Name of Employer n/a Occupation retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 04 / 2009  
**Transaction ID: C-56-000B01**  
 Amount of Each Receipt this Period 2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4400.00

**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 21 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul T. Khoury	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 33 Beverly Road	<b>Transaction ID:</b> C-57-000501
	City State Zip Code Purchase NY 10577	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer White Plains Radiology As- soc., P.C. Occupation physician Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald H. Kirkland	Date of Receipt MM / DD / YYYY 09 / 08 / 2009
	Mailing Address 107 Tuckahoe Road	<b>Transaction ID:</b> C-58-000101
	City State Zip Code Jackson TN 38305	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Jackson Clinic Occupation physician Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ezriel E. Kornel	Date of Receipt MM / DD / YYYY 09 / 11 / 2009
	Mailing Address 115 Stone Bridge Lane	<b>Transaction ID:</b> C-60-000N01
	City State Zip Code Bedford Hills NY 10507	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Brain & Spine Surgeons of New York Occupation physician Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4150.00
<b>TOTAL</b> 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 22 / 40  
(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)  
Laurie J. Landeau

Mailing Address 367 Asharoken Avenue

City State Zip Code  
Northport NY 11768

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

Name of Employer Listowel, Inc. Occupation veterinarian

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 14 / 2009

**Transaction ID:** C-61-000Y01

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas J. Lester

Mailing Address 174 Smith Ridge Road

City State Zip Code  
South Salem NY 10590

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

Name of Employer Mount Kisco Medical Group Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2009

**Transaction ID:** C-62-001501

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 15 Sarles Road

City State Zip Code  
Pound Ridge NY 10576

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

Name of Employer Mount Kisco Medical Group Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 28 / 2009

**Transaction ID:** C-63-000401

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5800.00**

**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 23 / 40  
(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)  
Janet S. Levy

Mailing Address 14 Devoe Road

City Chappaqua State NY Zip Code 10514

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 09 / 22 / 2009  
**Transaction ID: C-64-000r01**  
 Amount of Each Receipt this Period: 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Pat Levy

Mailing Address 35 Stewarp Place, #305

City Mount Kisco State NY Zip Code 10549

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

Name of Employer Greenburgh Central Occupation teacher

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 09 / 23 / 2009  
**Transaction ID: C-65-000t01**  
 Amount of Each Receipt this Period: 2400.00

**C.** Full Name (Last, First, Middle Initial)  
Ross S. Levy

Mailing Address 14 Devoe Road

City Chappaqua State NY Zip Code 10514

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

Name of Employer Mount Kisco Medical Group Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 09 / 14 / 2009  
**Transaction ID: C-66-000e01**  
 Amount of Each Receipt this Period: 2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7200.00**

**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 24 / 40  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  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)  
Bella M. Malits

Mailing Address 10 City Place, #10E

City State Zip Code  
White Plains NY 10601

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

Name of Employer Occupation  
Mount Kisco Medical Group physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** C-67-001301

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas C. McGregor

Mailing Address 517 Route 22

City State Zip Code  
Pawling NY 12564

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

Name of Employer Occupation  
self-employed attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2009

**Transaction ID:** C-68-000T01

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer H. Menell

Mailing Address 245 Weaver Street, #5C

City State Zip Code  
Greenwich CT 06831

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

Name of Employer Occupation  
Mount Kisco Medical Group radiologist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2009

**Transaction ID:** C-69-001N01

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 25 / 40  
(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 W. Miller

Mailing Address 23 Evergreen Row

City Armonk State NY Zip Code 10504

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

Name of Employer Northern Westchester Anesthesia  
Occupation physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 25 / 2009  
**Transaction ID:** C-71-001401  
 Amount of Each Receipt this Period 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Deborah M. Mollo

Mailing Address 46 Fox Den Road

City Mount Kisco State NY Zip Code 10549

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

Name of Employer Mount Kisco Medical Group  
Occupation physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2009  
**Transaction ID:** C-72-001801  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey S. Morris

Mailing Address P. O. Box 440

City North Salem State NY Zip Code 10560

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

Name of Employer Insight Media  
Occupation executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 26 / 2009  
**Transaction ID:** C-74-001J01  
 Amount of Each Receipt this Period 2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

**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 26 / 40  
(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)  
Dahlia Penachio

Mailing Address 6849 Grenadier Blvd., #1205

City State Zip Code  
Naples FL 34108

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	9

Transaction ID: C-76-000L01

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Katherine Petitti

Mailing Address 115 Stone Bridge Lane

City State Zip Code  
Bedford Hills NY 10507

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

Name of Employer KTG Design Studio Occupation artist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	9

Transaction ID: C-78-000M01

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
John J. Pilkington

Mailing Address 222 Bloomingdale Road

City State Zip Code  
White Plains NY 10605

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

Name of Employer Pilkington & Leggett, P.C. Occupation attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	9

Transaction ID: C-79-000201

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4150.00**

**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 27 / 40  
(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)  
Mary Ellen Pilkington

Mailing Address 222 Bloomingdale Road

City State Zip Code  
White Plains NY 10605

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

Name of Employer Occupation  
Mario Gabelli trader

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 26 / 2009

**Transaction ID:** C-80-000301

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin Reilly

Mailing Address 24 Vermont Avenue

City State Zip Code  
White Plains NY 10606

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

Name of Employer Occupation  
Mount Kisco Medical Group physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2009

**Transaction ID:** C-83-000a01

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Maria Roach

Mailing Address 129 S. Bedford Road

City State Zip Code  
Pound Ridge NY 10576

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

Name of Employer Occupation  
n/a homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2009

**Transaction ID:** C-84-000w01

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3900.00**

**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 28 / 40  
(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)  
Betty Rubenstein

Mailing Address 13301 Ponderosa Way

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

**Transaction ID:** C-85-000k01

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Betty Rubenstein

Mailing Address 13301 Ponderosa Way

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

**Transaction ID:** C-86-000k02

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
James H. Rubenstein

Mailing Address 13301 Ponderosa Way

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer 21st Century Oncology Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

**Transaction ID:** C-87-000j01

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7200.00**

**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 29 / 40  
(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)  
James H. Rubenstein

Mailing Address 13301 Ponderosa Way

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer 21st Century Oncology      Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

**Transaction ID:** C-88-000j02

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas B. Rubin

Mailing Address 45 Laurel Drive

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Moffatt & Nichol      Occupation economist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 9

**Transaction ID:** C-89-000Q01

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Andy M. Schwartz

Mailing Address 2 Sleepy Hollow Court

City State Zip Code  
North Caldwell NJ 07006

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

Name of Employer self-employed      Occupation financial advisor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 9

**Transaction ID:** C-90-000U01

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5050.00**

**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 30 / 40  
(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)  
Andy M. Schwartz

Mailing Address 2 Sleepy Hollow Court

City State Zip Code  
North Caldwell NJ 07006

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

Name of Employer self-employed Occupation financial advisor

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2009

Transaction ID: C-91-000U02

Amount of Each Receipt this Period  
200.00

2600.00

**B.** Full Name (Last, First, Middle Initial)  
Donna Schwartz

Mailing Address 605 Third Avenue

City State Zip Code  
New York NY 10158

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

Transaction ID: C-92-001W01

Amount of Each Receipt this Period  
2400.00

4800.00

**C.** Full Name (Last, First, Middle Initial)  
Donna Schwartz

Mailing Address 605 Third Avenue

City State Zip Code  
New York NY 10158

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

Transaction ID: C-93-001W02

Amount of Each Receipt this Period  
2400.00

4800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 40  
(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)  
Jodi L. Schwartz

Mailing Address 2 Sleepy Hollow Court

City State Zip Code  
North Caldwell NJ 07006

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 4 / 2 0 0 9

**Transaction ID:** C-94-000V01

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Marvin C. Schwartz

Mailing Address 605 Third Avenue

City State Zip Code  
New York NY 10158

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

Name of Employer Occupation  
Neuberger Berman wealth management

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9

**Transaction ID:** C-95-001V01

Amount of Each Receipt this Period  
2400.00

**C.** Full Name (Last, First, Middle Initial)  
Marvin C. Schwartz

Mailing Address 605 Third Avenue

City State Zip Code  
New York NY 10158

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

Name of Employer Occupation  
Neuberger Berman wealth management

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9

**Transaction ID:** C-96-001V02

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7200.00**

**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 32 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brenda B. Sheridan	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 842 Cal Cove Drive	<b>Transaction ID:</b> C-97-000i01
	City State Zip Code Fort Myers FL 33919	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer n/a Occupation homemaker Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 4800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brenda B. Sheridan	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 842 Cal Cove Drive	<b>Transaction ID:</b> C-98-000i02
	City State Zip Code Fort Myers FL 33919	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer n/a Occupation homemaker Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 4800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Howard M. Sheridan	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 842 Cal Cove Drive	<b>Transaction ID:</b> C-99-000h01
	City State Zip Code Fort Myers FL 33919	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer 21st Century Oncology Occupation physician Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 4800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7200.00
<b>TOTAL</b> 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 33 / 40  
(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)  
Howard M. Sheridan

Mailing Address 842 Cal Cove Drive

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer 21st Century Oncology      Occupation physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

**Transaction ID:** C-100-000h02

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
Alvin H. Shrago

Mailing Address 25 Rockledge Avenue, #1109-W

City State Zip Code  
White Plains NY 10601

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

Name of Employer n/a      Occupation unemployed

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

**Transaction ID:** C-101-001C01

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey E. Smith

Mailing Address P. O. Box 342

City State Zip Code  
Columbia MO 65205

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

Name of Employer JES Holdings, LLC      Occupation president

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

**Transaction ID:** C-103-001S01

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

**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 34 / 40  
(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)  
Jeffrey E. Smith  
Mailing Address P. O. Box 342

City Columbia State MO Zip Code 65205

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

Name of Employer JES Holdings, LLC Occupation president

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 28 / 2009  
**Transaction ID:** C-104-001S02  
 Amount of Each Receipt this Period 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Nancy Jill Smith  
Mailing Address P. O. Box 342

City Columbia State MO Zip Code 65205

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 28 / 2009  
**Transaction ID:** C-105-001R01  
 Amount of Each Receipt this Period 2400.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy Jill Smith  
Mailing Address P. O. Box 342

City Columbia State MO Zip Code 65205

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 28 / 2009  
**Transaction ID:** C-106-001R02  
 Amount of Each Receipt this Period 2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7200.00**

**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 35 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

**A.**

Full Name (Last, First, Middle Initial)  
Michael H. Steinhardt

Mailing Address 650 Madison Avenue, 17th Floor

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
n/a retired

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 25 / 2009

Transaction ID: C-107-001901

Amount of Each Receipt this Period

2400.00

**B.**

Full Name (Last, First, Middle Initial)  
Raymond A. Suarez

Mailing Address 725 N. Island Drive, N.W.

City State Zip Code  
Atlanta GA 30327

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

Name of Employer Occupation  
self-employed physician

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2009

Transaction ID: C-108-001Q01

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jodi J. Sutton

Mailing Address 6 Piping Brown Lane

City State Zip Code  
Bedford NY 10506

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

Name of Employer Occupation  
Mount Kisco Medical Group physician

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2009

Transaction ID: C-109-000X01

Amount of Each Receipt this Period

500.00

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

3400.00

**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 36 / 40  
(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)  
Glen E. Tullman

Mailing Address 222 Merchandise Mart, #2024

City Chicago State IL Zip Code 60654

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

Name of Employer Allscripts Occupation c.e.o.

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 25 / 2009  
**Transaction ID:** C-111-001201  
Amount of Each Receipt this Period 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Glen E. Tullman

Mailing Address 222 Merchandise Mart, #2024

City Chicago State IL Zip Code 60654

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

Name of Employer Allscripts Occupation c.e.o.

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 09 / 25 / 2009  
**Transaction ID:** C-112-001202  
Amount of Each Receipt this Period 2400.00

**C.** Full Name (Last, First, Middle Initial)  
Nora Tung

Mailing Address 82 Random Farms Circle

City Chappaqua State NY Zip Code 10514

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

Name of Employer Chappaqua Central School Occupation nurse

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 09 / 14 / 2009  
**Transaction ID:** C-113-000Z01  
Amount of Each Receipt this Period 2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7200.00

**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 37 / 40

(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 Waldman

Mailing Address 6100 Wolfboro Road

City State Zip Code  
Jamesville NY 13078

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

Name of Employer  
Associates for Women's Me-  
dicine

Occupation  
physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2009

Transaction ID: C-114-000801

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael T. Weber

Mailing Address 3 Misty Brook Lane

City State Zip Code  
New Fairfield CT 06812

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

Name of Employer  
HealthQuest

Occupation  
c.e.o.

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2009

Transaction ID: C-115-001101

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 34 Ludlow Drive

City State Zip Code  
Chappaqua NY 10514

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

Name of Employer  
TD Bank

Occupation  
banker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2009

Transaction ID: C-116-001K01

Amount of Each Receipt this Period

250.00

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

1750.00

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

160850.00

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

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

FOR LINE NUMBER: PAGE 38 / 40  
(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)  
Nan Hayworth

Mailing Address P. O. Box 189

City State Zip Code  
Mount Kisco NY 10549

FEC ID number of contributing federal political committee. **C** H0NY19139

Name of Employer C00466490 H0NY19139 Occupation Nan Hayworth

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 6 / 2 0 0 9

**Transaction ID:** C-42-000101

Amount of Each Receipt this Period  
110000.00

personal funds

**B.**

Full Name (Last, First, Middle Initial)  
Nan Hayworth

Mailing Address P. O. Box 189

City State Zip Code  
Mount Kisco NY 10549

FEC ID number of contributing federal political committee. **C** H0NY19139

Name of Employer C00466490 H0NY19139 Occupation Nan Hayworth

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9

**Transaction ID:** C-43-000102

Amount of Each Receipt this Period  
40000.00

personal funds

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	150000.00

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

**Transaction ID: SC14**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Nan Hayworth - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary 2010
Mailing Address P. O. Box 189	
City Mount Kisco State NY ZIP Code 10549	

Original Amount of Loan 110000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 110000.00
--------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM DD YY YY 09 26 2009	Date Due 20121231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

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"/>
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"/>
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"/>
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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="110000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 40 / 40
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

**Transaction ID: SC15**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Nan Hayworth - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary 2010
Mailing Address P. O. Box 189	
City Mount Kisco State NY ZIP Code 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 M 09 D D 30 Y Y Y Y 2009	20121231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	40000.00
<b>TOTALS</b> This Period (last page in this line only) .....	150000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.