

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

Friends of Nan Hayworth

ADDRESS (number and street) ▼

P.O. Box 394

Check if different than previously reported. (ACC)

Fishkill

NY

12524

2. **FEC IDENTIFICATION NUMBER** ▼

C C00466490

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

NY

18

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

/ /

through

/ /

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 Kevin Jahns

Signature of Treasurer Kevin Jahns

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Nan Hayworth

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	320620.23	337634.66
(b) Total Contribution Refunds (from Line 20(d))	1000.00	6100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	319620.23	331534.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	60107.84	231461.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	5774.76	10959.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	54333.08	220501.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	322748.33	
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).....	663240.09	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Nan Hayworth

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	310270.23	317770.23
(ii) Unitemized.....	350.00	350.00
(iii) TOTAL of contributions from individuals ▶	310620.23	318120.23
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	19514.43
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	320620.23	337634.66
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	148.81
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	123533.45
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	123533.45
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	5774.76	10959.74
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.35	14.17
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	376395.34	472290.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	60107.84	231461.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	63500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	63500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1000.00	6100.00
(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)).....	1000.00	6100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	61107.84	301061.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7460.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	376395.34
25. SUBTOTAL (add Line 23 and Line 24).....	383856.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61107.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	322748.33

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

This amendment is in response to the FEC request for information regarding JULY QUARTERLY REPORT (04/01/2013 - 06/30/2013). The idemized disbursment description listed in the request for information has been corrected.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
STEVEN ABEL

Mailing Address **103 S. BEDFORD ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-3440**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2013

Transaction ID : SA11.8097

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **2 LIBERTY COURT, #3**

City **WARWICK** State **NY** Zip Code **10990-5013**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8150

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **2 LIBERTY COURT, #3**

City **WARWICK** State **NY** Zip Code **10990-5013**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8151

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

6200.00

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

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

FOR LINE NUMBER: PAGE 7 OF 89
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ERIC BERGER
 Mailing Address 9705 OLD COUNTRY TRACE
 City Richmond State VA Zip Code 23238-5737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAR CONSULTING SERVICES Occupation CONSULTANT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 5200.00

Date of Receipt 06 / 28 / 2013
Transaction ID : SA11.8096
 Amount of Each Receipt this Period 5200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ERIC BERGER
 Mailing Address 9705 OLD COUNTRY TRACE
 City Richmond State VA Zip Code 23238-5737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAR CONSULTING SERVICES Occupation CONSULTANT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 5200.00

Date of Receipt 06 / 28 / 2013
Transaction ID : SA11.8096B
 Amount of Each Receipt this Period -2600.00
 CONTRIBUTION
[MEMO ITEM]
 REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
ERIC BERGER
 Mailing Address 9705 OLD COUNTRY TRACE
 City Richmond State VA Zip Code 23238-5737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAR CONSULTING SERVICES Occupation CONSULTANT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 5200.00

Date of Receipt 06 / 28 / 2013
Transaction ID : SA11.8180
 Amount of Each Receipt this Period 2600.00
 CONTRIBUTION
[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 514 MT. HOLLY RD.

City KATONAH State NY Zip Code 10536-2405

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

Name of Employer ATTORNEY Occupation PROSKAUER ROSE LLP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013

Transaction ID : SA11.8083

Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

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

Mailing Address 514 MT. HOLLY RD.

City KATONAH State NY Zip Code 10536-2405

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

Name of Employer ATTORNEY Occupation PROSKAUER ROSE LLP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013

Transaction ID : SA11.8083B

Amount of Each Receipt this Period
 -2600.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 514 MT. HOLLY RD.

City KATONAH State NY Zip Code 10536-2405

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

Name of Employer ATTORNEY Occupation PROSKAUER ROSE LLP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013

Transaction ID : SA11.8172

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

5200.00

**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 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
SUSAN CAROLINE BIERBAUM

Mailing Address 180 CENTRAL PARK S.

City NEW YORK State NY Zip Code 10019-1562

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

Name of Employer EMPIRE ATHLETICS, LLC Occupation PRESIDENT

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
 06 / 30 / 2013

Transaction ID : SA11.8149

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 244

City BREWSTER State NY Zip Code 10509-0244

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

Name of Employer HAWKINS AND ASSOCIATES Occupation ATTORNEY

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
 05 / 27 / 2013

Transaction ID : SA11.8035

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 628 WEST ROAD

City NEW CANAAN State CT Zip Code 06840-2513

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

Name of Employer IMPALA ASSET MANAGEMENT Occupation PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2013

Transaction ID : SA11.8014

Amount of Each Receipt this Period
 4000.00
 CONTRIBUTION

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ROBERT J. BISHOP

Mailing Address 628 WEST ROAD

City State Zip Code
NEW CANAAN CT 06840-2513

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

Name of Employer Occupation
IMPALA ASSET MANAGEMENT PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 13 / 2013

Transaction ID : SA11.8014B

Amount of Each Receipt this Period
-1400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
ROBERT J. BISHOP

Mailing Address 628 WEST ROAD

City State Zip Code
NEW CANAAN CT 06840-2513

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

Name of Employer Occupation
IMPALA ASSET MANAGEMENT PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 13 / 2013

Transaction ID : SA11.8215

Amount of Each Receipt this Period
1400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
SANDRA W. BOYCE

Mailing Address 420 CERVANTES ROAD

City State Zip Code
PORTOLA VALLEY CA 94028-7620

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 25 / 2013

Transaction ID : SA11.8071

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

2600.00

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

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

FOR LINE NUMBER: PAGE 11 OF 89
(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)
ARNOLD S. BREITBART

Mailing Address **10 IMPERIAL COURT**

City **GREAT NECK** State **NY** Zip Code **11023-2240**

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

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

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
06 / 21 / 2013

Transaction ID : SA11.8056

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
C. EDWARD BROWN

Mailing Address **805 59TH STREET**

City **WEST DES MOINES** State **IA** Zip Code **50266-7518**

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

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

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
06 / 23 / 2013

Transaction ID : SA11.8058

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **24 PENWOOD ROAD**

City **BEDFORD CORNERS** State **NY** Zip Code **10549-4963**

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

Name of Employer **MBIA, INC.** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 25 / 2013

Transaction ID : SA11.8069

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

3850.00

**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 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 5302 SUMMERWOOD DRIVE

City State Zip Code
TEMPLE TX 76502-8815

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

Name of Employer Occupation
UNIVERSITY OF LOUISVILLE HEALTH CARE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2013

Transaction ID : SA11.8087

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 200 MAIN STREET

City State Zip Code
RIDGEFIELD CT 06877-4931

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

Name of Employer Occupation
BCSD TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8109

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MADDIPOTI J. CHOUDRY

Mailing Address 111 CLOCK TOWER COMMONS

City State Zip Code
BREWSTER NY 10509-4055

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

Name of Employer Occupation
NORTHERN MEDICAL SPECIALISTS PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2013

Transaction ID : SA11.8031

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 2707 YORK CT.

City SOUTHLAKE State TX Zip Code 76092-8871

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8105

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1441 LAYMAN STREET

City MCLEAN State VA Zip Code 22101-3129

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

Name of Employer LIBERTY PARTNERS GROUP Occupation GOVERNMENT AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2013

Transaction ID : SA11.8098

Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

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

Mailing Address 1441 LAYMAN STREET

City MCLEAN State VA Zip Code 22101-3129

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

Name of Employer LIBERTY PARTNERS GROUP Occupation GOVERNMENT AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2013

Transaction ID : SA11.8098B

Amount of Each Receipt this Period
 -2600.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

6200.00

**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 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **1441 LAYMAN STREET**

City **MCLEAN** State **VA** Zip Code **22101-3129**

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

Name of Employer **LIBERTY PARTNERS GROUP** Occupation **GOVERNMENT AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2013

Transaction ID : SA11.8182

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address **76 VALLEY LANE**

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

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

Name of Employer **NORTHEASTERN ANESTHESIA SERVICE** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2013

Transaction ID : SA11.8053

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MARGARET A. COLLINS

Mailing Address **725 KING STREET**

City **CHAPPAQUA** State **NY** Zip Code **10514-3810**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8119

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DR. MARGARET A. COLLINS

Mailing Address **725 KING STREET**

City **CHAPPAQUA** State **NY** Zip Code **10514-3810**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8120

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **PO BOX 909**

City **MILLBROOK** State **NY** Zip Code **12545-0909**

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

Name of Employer **WATCH HILL HOLDING CORP.** Occupation **PARTNER**

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
06 / 30 / 2013

Transaction ID : SA11.8157

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PETER D'ALESSANDRO

Mailing Address **9816 CAPSTAN COURT**

City **FORT MYERS** State **FL** Zip Code **33919-3173**

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

Name of Employer **LARC FOUNDATION, INC.** Occupation **OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8156

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

5700.00

**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 89
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **35 TERRELL FARM PLACE**

City **CHESHIRE** State **CT** Zip Code **06410-2910**

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

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

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
06 / 22 / 2013

Transaction ID : SA11.8057

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **13221 PONDEROSA WAY**

City **FORT MYERS** State **FL** Zip Code **33907-7851**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11.8066

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

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

Mailing Address **13221 PONDEROSA WAY**

City **FORT MYERS** State **FL** Zip Code **33907-7851**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11.8066B

Amount of Each Receipt this Period
-2600.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

5450.00

**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 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CELIA DOSORETZ

Mailing Address 13221 PONDEROSA WAY

City State Zip Code
FORT MYERS FL 33907-7851

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2013

Transaction ID : SA11.8193

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
DANIEL E. DOSORETZ

Mailing Address 13221 PONDEROSA WAY

City State Zip Code
FORT MYERS FL 33907-7851

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

Name of Employer Occupation
21ST CENTURY ONCOLOGY PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2013

Transaction ID : SA11.8041

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DANIEL E. DOSORETZ

Mailing Address 13221 PONDEROSA WAY

City State Zip Code
FORT MYERS FL 33907-7851

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

Name of Employer Occupation
21ST CENTURY ONCOLOGY PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2013

Transaction ID : SA11.8041B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

5200.00

**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 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DANIEL E. DOSORETZ

Mailing Address 13221 PONDEROSA WAY

City State Zip Code
FORT MYERS FL 33907-7851

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

Name of Employer Occupation
21ST CENTURY ONCOLOGY PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2013

Transaction ID : SA11.8190

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 5344 DELANO CT.

City State Zip Code
CAPE CORAL FL 33904-5917

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

Name of Employer Occupation
SELF INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8155

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SIMINA MARIA FARCASIU

Mailing Address 250 SCUDDERS LANE

City State Zip Code
ROSLYN NY 11576-1038

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

Name of Employer Occupation
BELSTAR HOLDINGS PORTFOLIO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 03 / 2013

Transaction ID : SA11.8013

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

3100.00

**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 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **4 MACDONALD AVENUE**

City **ARMONK** State **NY** Zip Code **10504-1946**

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

Name of Employer **FARERI COMPANIES** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8124

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALLAN H. FARQUHAR

Mailing Address **171 S. WHITEROCK ROAD**

City **HOLMES** State **NY** Zip Code **12531-5406**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11.8011

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. DONALD W. FISHER

Mailing Address **3814 IVANHOE LANE**

City **ALEXANDRIA** State **VA** Zip Code **22310-2170**

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

Name of Employer **AMERICAN MEDICAL GROUP ASSOCIATION** Occupation **PRESIDENT/C.E.O.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11.8067

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ROBERT J. FITZSIMMONS

Mailing Address 725 KING STREET

City CHAPPAQUA State NY Zip Code 10514-3810

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

Name of Employer HIGH ROAD CAPITAL PARTNERS Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8121

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT J. FITZSIMMONS

Mailing Address 725 KING STREET

City CHAPPAQUA State NY Zip Code 10514-3810

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

Name of Employer HIGH ROAD CAPITAL PARTNERS Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8122

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 23 MILLER ROAD

City POUND RIDGE State NY Zip Code 10576-2205

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2013

Transaction ID : SA11.8101

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
STEVEN J. FLEISCHMAN

Mailing Address **9 CARRIAGE HILL ROAD**

City **WOODBIDGE** State **CT** Zip Code **06525-1037**

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

Name of Employer **YALE MEDICAL GROUP** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2013

Transaction ID : SA11.8103

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **15750 OLD WEDGEWOOD COURT**

City **FORT MYERS** State **FL** Zip Code **33908-7209**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11.8065

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

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

Mailing Address **15750 OLD WEDGEWOOD COURT**

City **FORT MYERS** State **FL** Zip Code **33908-7209**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11.8065B

Amount of Each Receipt this Period
-2600.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 15750 OLD WEDGEWOOD COURT

City State Zip Code
FORT MYERS FL 33908-7209

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

Name of Employer Occupation
SELF INVESTMENT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11.8203

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

Mailing Address 906 TAMARACK TRAIL

City State Zip Code
IOWA CITY IA 52245-3555

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

Name of Employer Occupation
UNIVERSITY OF IOWA HOSPITALS AND CLIN PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2013

Transaction ID : SA11.8085

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 30 JUNE ROAD

City State Zip Code
NORTH SALEM NY 10560-2318

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

Name of Employer Occupation
STONEHURST CAPITAL INC INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8133

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ARTHUR GOSNELL

Mailing Address 30 JUNE ROAD

City NORTH SALEM State NY Zip Code 10560-2318

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

Name of Employer: STONEHURST CAPITAL INC Occupation: INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 30 / 2013

Transaction ID : SA11.8134

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

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

Mailing Address 30 JUNE ROAD

City NORTH SALEM State NY Zip Code 10560-2318

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

Name of Employer: RIPPOWAM CISQUA SCHOOL Occupation: COLLEGE PLACEMENT COUNSELOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 30 / 2013

Transaction ID : SA11.8135

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

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

Mailing Address 30 JUNE ROAD

City NORTH SALEM State NY Zip Code 10560-2318

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

Name of Employer: RIPPOWAM CISQUA SCHOOL Occupation: COLLEGE PLACEMENT COUNSELOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 30 / 2013

Transaction ID : SA11.8136

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

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

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

7800.00

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

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

FOR LINE NUMBER: PAGE 24 OF 89
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **5 MOUNT HOLLY DRIVE**

City **RYE** State **NY** Zip Code **10580-1858**

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

Name of Employer **AMEET GOYAL, MD PC** Occupation **PHYSICIAN**

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
06 / 30 / 2013

Transaction ID : SA11.8111

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HEATHER S. HAAGA

Mailing Address **1743 FAIRMONT AVENUE**

City **LA CANADA** State **CA** Zip Code **91011-1633**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8130

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **1743 FAIRMOUNT AVENUE**

City **LA CANADA** State **CA** Zip Code **91011-1633**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8129

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

6700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) TOM HARGROVE		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2013
Mailing Address P.O. BOX 115		Transaction ID : SA11.8064
City BRIDGEWATER	State CT	Zip Code 06752-0115
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5200.00	
Name of Employer SELF	Occupation PRIVATE INVESTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) TOM HARGROVE		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2013
Mailing Address P.O. BOX 115		Transaction ID : SA11.8064B
City BRIDGEWATER	State CT	Zip Code 06752-0115
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -2600.00	
Name of Employer SELF	Occupation PRIVATE INVESTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) TOM HARGROVE		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2013
Mailing Address P.O. BOX 115		Transaction ID : SA11.8176
City BRIDGEWATER	State CT	Zip Code 06752-0115
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SELF	Occupation PRIVATE INVESTOR	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	5200.00
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 26 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 204 COUNTRY RIDGE DRIVE

City RYE BROOK State NY Zip Code 10573-1004

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11.8093

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 515 EAST 72ND STREET, #17H

City NEW YORK State NY Zip Code 10021-4014

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

Name of Employer MEMORIAL SLOAN-KETTERING Occupation PHYSICIAN

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
 06 / 15 / 2013

Transaction ID : SA11.8049

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 19 ESSEX ROAD

City SUMMIT State NJ Zip Code 07901-2801

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

Name of Employer CELGENE CORPORATION Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013

Transaction ID : SA11.8032

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ROBERT HUGIN

Mailing Address 19 ESSEX ROAD

City State Zip Code
SUMMIT NJ 07901-2801

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CELGENE CORPORATION EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.8033

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 2405 SPOONBILL DRIVE

City State Zip Code
LEAGUE CITY TX 77573-3076

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TEXAS TECHNICAL UNIVERSITY PROFESSOR OF OBSTETRICS AND GYNEC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.8060

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 63 COTTONWOOD LANE

City State Zip Code
BRIARCLIFF NY 10510-2140

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.8021

Amount of Each Receipt this Period

CONTRIBUTION

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

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 28 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **63 COTTONWOOD LANE**

City **BRIARCLIFF** State **NY** Zip Code **10510-2140**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11.8022

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **63 COTTONWOOD LANE**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510-2140**

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

Name of Employer **MIDATLANTIC FUND** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11.8019

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **63 COTTONWOOD LANE**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510-2140**

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

Name of Employer **MIDATLANTIC FUND** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11.8020

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) MARY J. KALIKOW		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 101 PARK AVENUE, 25TH FLOOR		Transaction ID : SA11.8045
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer H. J. KALIKOW & CO., LLC	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) MARY J. KALIKOW		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 101 PARK AVENUE, 25TH FLOOR		Transaction ID : SA11.8046
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer H. J. KALIKOW & CO., LLC	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) NICHOLAS KALIKOW		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 101 PARK AVE. 25TH FLOOR		Transaction ID : SA11.8047
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer H.J KALIKOW VO. LLC	Occupation REAL ESTATE EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	7800.00
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 30 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) NICHOLAS KALIKOW		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2013
Mailing Address 101 PARK AVE. 25TH FLOOR		Transaction ID : SA11.8048
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer H.J KALIKOW VO. LLC	Occupation REAL ESTATE EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) PETER S. KALIKOW		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2013
Mailing Address 101 PARK AVENUE, 25TH FLOOR		Transaction ID : SA11.8043
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer H. J. KALIKOW & CO., LLC	Occupation REAL ESTATE EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) PETER S. KALIKOW		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2013
Mailing Address 101 PARK AVENUE, 25TH FLOOR		Transaction ID : SA11.8044
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer H. J. KALIKOW & CO., LLC	Occupation REAL ESTATE EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DR. MICHAEL J. KATIN

Mailing Address 2270 COLONIAL BLVD.

City State Zip Code
FORT MYERS FL 33907-1412

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

Name of Employer Occupation
21ST CENTURY ONCOLOGY PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8141

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. MICHAEL J. KATIN

Mailing Address 2270 COLONIAL BLVD.

City State Zip Code
FORT MYERS FL 33907-1412

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

Name of Employer Occupation
21ST CENTURY ONCOLOGY PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8142

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 25 JOHN CROSS ROAD

City State Zip Code
BEDFORD CORNERS NY 10549-4972

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

Name of Employer Occupation
SOMERS ORTHO PHYSICIAN

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
 06 / 18 / 2013

Transaction ID : SA11.8052

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

7200.00

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

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

FOR LINE NUMBER: PAGE 32 OF 89
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PAUL T. KHOURY

Mailing Address **33 BEVERLY ROAD**

City **PURCHASE** State **NY** Zip Code **10577-2206**

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

Name of Employer **WHITE PLAINS RADIOLOGY ASSOC., P.C.** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : SA11.8086

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

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

Mailing Address **33 BEVERLY ROAD**

City **PURCHASE** State **NY** Zip Code **10577-2206**

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

Name of Employer **WHITE PLAINS RADIOLOGY ASSOC., P.C.** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : SA11.8086B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address **33 BEVERLY ROAD**

City **PURCHASE** State **NY** Zip Code **10577-2206**

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

Name of Employer **WHITE PLAINS RADIOLOGY ASSOC., P.C.** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : SA11.8187

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 1963 SALT POINT TPKE

City SALT POINT State NY Zip Code 12578-2402

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

Name of Employer KIRCHHOFF-CONSIGLI CONSTRUCTION Occupation CHIEF EXECUTIVE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11.8075

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

Mailing Address 1963 SALT POINT TPKE

City SALT POINT State NY Zip Code 12578-2402

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

Name of Employer KIRCHHOFF-CONSIGLI CONSTRUCTION Occupation CHIEF EXECUTIVE OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11.8076

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. RONALD H. KIRKLAND

Mailing Address 107 TUCKAHOE ROAD

City JACKSON State TN Zip Code 38305-8864

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

Name of Employer THE JACKSON CLINIC Occupation PHYSICIAN

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
 06 / 24 / 2013

Transaction ID : SA11.8063

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

5600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 800 5TH AVENUE, #20-F

City NEW YORK State NY Zip Code 10065-7289

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

Name of Employer RMS CORP. Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11.8055

Amount of Each Receipt this Period
 5200.00

CONTRIBUTION

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

Mailing Address 800 5TH AVENUE, #20-F

City NEW YORK State NY Zip Code 10065-7289

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

Name of Employer RMS CORP. Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11.8055B

Amount of Each Receipt this Period
 -2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 800 5TH AVENUE, #20-F

City NEW YORK State NY Zip Code 10065-7289

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

Name of Employer RMS CORP. Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11.8174

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **279 HAWLEY ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560-2603**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2013

Transaction ID : SA11.8099

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. BRENT LAMBERT

Mailing Address **195 HANOVER STREET, #2**

City **HANOVER** State **MA** Zip Code **02339-2247**

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

Name of Employer **AMBULATORY SURGERY CENTERS OF AME** Occupation **OPHTHALMOLOGIST/EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 08 / 2013

Transaction ID : SA11.8036

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. BRENT LAMBERT

Mailing Address **195 HANOVER STREET, #2**

City **HANOVER** State **MA** Zip Code **02339-2247**

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

Name of Employer **AMBULATORY SURGERY CENTERS OF AME** Occupation **OPHTHALMOLOGIST/EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 08 / 2013

Transaction ID : SA11.8036B

Amount of Each Receipt this Period
-2600.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

6200.00

**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 36 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DR. BRENT LAMBERT

Mailing Address 195 HANOVER STREET, #2

City HANOVER State MA Zip Code 02339-2247

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

Name of Employer: AMBULATORY SURGERY CENTERS OF AME
Occupation: OPHTHALMOLOGIST/EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **5200.00**

Date of Receipt: **06 / 08 / 2013**

Transaction ID : SA11.8206

Amount of Each Receipt this Period: **2600.00**

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
LAURIE J. LANDEAU

Mailing Address 367 ASHAROKEN AVENUE

City NEW YORK State NY Zip Code 11768-1168

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

Name of Employer: SELF EMPLOYED
Occupation: VETERINARIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **2600.00**

Date of Receipt: **06 / 25 / 2013**

Transaction ID : SA11.8070

Amount of Each Receipt this Period: **2600.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. THOMAS LANSEN

Mailing Address 3 WAMPUS CLOSE

City ARMONK State NY Zip Code 10504-1941

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

Name of Employer: RETIRED
Occupation: NEUROSURGEON

Receipt For: 2014
 Primary General
 Other (specify)

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

Date of Receipt: **06 / 30 / 2013**

Transaction ID : SA11.8145

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

CONTRIBUTION

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 37 OF 89
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 2301 SPANISH RIVER ROAD

City BOCA RATON State FL Zip Code 33432-8515

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

Name of Employer LAWSON GROUP, LLC Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2013

Transaction ID : SA11.8039

Amount of Each Receipt this Period
5200.00
CONTRIBUTION

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

Mailing Address 2301 SPANISH RIVER ROAD

City BOCA RATON State FL Zip Code 33432-8515

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

Name of Employer LAWSON GROUP, LLC Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2013

Transaction ID : SA11.8039B

Amount of Each Receipt this Period
-2600.00
CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 2301 SPANISH RIVER ROAD

City BOCA RATON State FL Zip Code 33432-8515

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

Name of Employer LAWSON GROUP, LLC Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2013

Transaction ID : SA11.8170

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DR. HARVEY H. LEDERMAN

Mailing Address **8 BRENTWOOD DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-5407**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8123

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

Mailing Address **90 SAGAMORE ROAD**

City **BRONXVILLE** State **NY** Zip Code **10708-1505**

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

Name of Employer **NEW YORK NEUROLOGICAL SURGERY, PC** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 25 / 2013

Transaction ID : SA11.8030

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **40 W. 57TH STREET**

City **NEW YORK** State **NY** Zip Code **10019-4001**

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

Name of Employer **THE LEFRAK ORGANIZATION** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8147

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

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

6600.00

**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 39 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 100 UPPER LAKE SHORE DRIVE

City KATONAH State NY Zip Code 10536-2652

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

Name of Employer LEHRMAN, LEHRMAN & GUTERMAN Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 26 / 2013

Transaction ID : SA11.8081

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 11 MARIE COURT

City POUGHKEEPSIE State NY Zip Code 12601-5657

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

Name of Employer LCS FACILITY GROUP INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8154

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANASTASIA SKELOS LESTER

Mailing Address 174 SMITH RIDGE ROAD

City SOUTH SALEM State NY Zip Code 10590-1922

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

Name of Employer DANBURY INTERNAL MEDICINE ASSOCIATE Occupation REGISTERED NURSE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 08 / 2013

Transaction ID : SA11.8026

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. THOMAS J. LESTER		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2013	
Mailing Address 174 SMITH RIDGE ROAD		Transaction ID : SA11.8025	
City SOUTH SALEM	State NY	Amount of Each Receipt this Period 2600.00	
Zip Code 10590-1922		CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. ABE LEVY		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2013	
Mailing Address 4875 PELICAN COLONY BLVD		Transaction ID : SA11.8040	
City BONITA SPRINGS	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 34134-6917		CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. LEORA LEVY		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2013	
Mailing Address 59 PECKSLAND ROAD		Transaction ID : SA11.8009	
City GREENWICH	State CT	Amount of Each Receipt this Period 2600.00	
Zip Code 06831-3711		CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3680.23		

SUBTOTAL of Receipts This Page (optional).....	5450.00
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 41 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. LEORA LEVY		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2013	
Mailing Address 59 PECKSLAND ROAD		Transaction ID : SA11.8009B	
City GREENWICH	State CT	Zip Code 06831-3711	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1080.23	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3680.23		
		CONTRIBUTION [MEMO ITEM] REDESIGNATION TO GENERAL	

Full Name (Last, First, Middle Initial) B. LEORA LEVY		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2013	
Mailing Address 59 PECKSLAND ROAD		Transaction ID : SA11.8213	
City GREENWICH	State CT	Zip Code 06831-3711	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1080.23	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3680.23		
		CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM PRIMARY	

Full Name (Last, First, Middle Initial) C. LEORA LEVY		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2013	
Mailing Address 59 PECKSLAND ROAD		Transaction ID : SA11.8207	
City GREENWICH	State CT	Zip Code 06831-3711	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 187.90	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3680.23		
		CONTRIBUTION IN KIND: FOOD & BEVERAGE	

SUBTOTAL of Receipts This Page (optional).....	187.90
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 42 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 59 PECKSLAND ROAD

City State Zip Code
GREENWICH CT 06831-3711

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3680.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013

Transaction ID : SA11.8208

Amount of Each Receipt this Period
 892.33

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

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

Mailing Address 705 HIGH MOUNTAIN ROAD

City State Zip Code
FRANKLIN LAKES NJ 07417-2915

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

Name of Employer Occupation
ARSENAL CAPITAL PARTNERS PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2013

Transaction ID : SA11.8100

Amount of Each Receipt this Period
 5200.00

CONTRIBUTION

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

Mailing Address 705 HIGH MOUNTAIN ROAD

City State Zip Code
FRANKLIN LAKES NJ 07417-2915

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

Name of Employer Occupation
ARSENAL CAPITAL PARTNERS PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2013

Transaction ID : SA11.8100B

Amount of Each Receipt this Period
 -2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

6092.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **705 HIGH MOUNTAIN ROAD**

City **FRANKLIN LAKES** State **NJ** Zip Code **07417-2915**

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

Name of Employer **ARSENAL CAPITAL PARTNERS** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2013

Transaction ID : SA11.8168

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address **14 HURLINGHAM DRIVE**

City **GREENWICH** State **CT** Zip Code **06831-2739**

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

Name of Employer **MCMAHON VENTURES, LLC** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 01 / 2013

Transaction ID : SA11.8012

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GREGORY MERCURIO JR

Mailing Address **20 RIATA DRIVE**

City **LINCOLN** State **RI** Zip Code **02865-4958**

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

Name of Employer **BIOTECHNOLOGY INTEGRATION AND MAN/** Occupation **MEDICAL INDUSTRY BUSINESS DEVELOPM**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8110

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
GREGORY MERCURIO JR

Mailing Address 20 RIATA DRIVE

City LINCOLN State RI Zip Code 02865-4958

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

Name of Employer BIOTECHNOLOGY INTEGRATION AND MAN/ Occupation MEDICAL INDUSTRY BUSINESS DEVELOPM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8110B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
GREGORY MERCURIO JR

Mailing Address 20 RIATA DRIVE

City LINCOLN State RI Zip Code 02865-4958

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

Name of Employer BIOTECHNOLOGY INTEGRATION AND MAN/ Occupation MEDICAL INDUSTRY BUSINESS DEVELOPM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8184

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address 46 FOX DEN RD

City MOUNT KISCO State NY Zip Code 10549-3835

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 23 / 2013

Transaction ID : SA11.8059

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
OWEN MONTGOMERY

Mailing Address 450 CHAPEL HEIGHTS ROAD

City State Zip Code
SEWELL NJ 08080-9345

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

Name of Employer Occupation
DREXEL UNIVERSITY COLLEGE OF MEDICIN PHYSICIAN

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
 06 / 29 / 2013

Transaction ID : SA11.8102

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ROBERT NEWBORN

Mailing Address 39 MAYBERRY ROAD

City State Zip Code
CHAPPAQUA NY 10514-1119

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

Name of Employer Occupation
DANBURY HOSPITAL PHYSICIAN

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
 06 / 30 / 2013

Transaction ID : SA11.8108

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 770 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-4153

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

Name of Employer Occupation
GCP CAPITAL PARTNERS, LLC CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11.8074

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ANTOINETTE NIGRO

Mailing Address 1581 OVERHILL STREET

City YORKTOWN HEIGHTS State NY Zip Code 10598-5409

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

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
 06 / 30 / 2013

Transaction ID : SA11.8106

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JUAN NOGUERAS

Mailing Address 7901 SEQUOIA LANE

City PARKLAND State FL Zip Code 33067-2390

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

Name of Employer CLEVELAND CLINIC FLORIDA Occupation CHIEF OF STAFF

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
 06 / 26 / 2013

Transaction ID : SA11.8080

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. DANIEL J. O'DEA

Mailing Address 2 TACONIC VIEW COURT

City LAGRANGEVILLE State NY Zip Code 12540-5518

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

Name of Employer THE HEART CENTER Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8146

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
EMIL PANICHI

Mailing Address **PO BOX 1209**

City **HOPEWELL JUNCTION** State **NY** Zip Code **12533-1209**

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

Name of Employer **PANICHI HOLDING CORPORATION** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8148

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **245 OSPREY POINT DRIVE**

City **OSPREY** State **FL** Zip Code **34229-9234**

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

Name of Employer **21ST CENTURY ONCOLOGY, INC.** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2013

Transaction ID : SA11.8072

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

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

Mailing Address **245 OSPREY POINT DRIVE**

City **OSPREY** State **FL** Zip Code **34229-9234**

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

Name of Employer **21ST CENTURY ONCOLOGY, INC.** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2013

Transaction ID : SA11.8072B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

6200.00

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

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

FOR LINE NUMBER: PAGE 48 OF 89
(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)
STEPHEN J. PATRICE

Mailing Address **245 OSPREY POINT DRIVE**

City **OSPREY** State **FL** Zip Code **34229-9234**

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

Name of Employer **21ST CENTURY ONCOLOGY, INC.** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2013

Transaction ID : SA11.8196

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address **157 STONY BROOK RD**

City **FISHKILL** State **NY** Zip Code **12524-2985**

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

Name of Employer **WESTAGE COMPANIES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2013

Transaction ID : SA11.8077

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID PETROVITS

Mailing Address **120 HUDSON POINTE DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12601-3938**

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

Name of Employer **RANDART REALTY** Occupation **REAL ESTATE**

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
06 / 30 / 2013

Transaction ID : SA11.8128

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 49 OF 89
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 720 MILTON ROAD

City RYE State NY Zip Code 10580-3270

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11.8015

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

Mailing Address 720 MILTON ROAD

City RYE State NY Zip Code 10580-3270

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

Name of Employer GAMCO ASSET MANAGEMENT Occupation STOCK BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11.8016

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

Mailing Address 5 LISA LANE

City HOPEWELL JUNCTION State NY Zip Code 12533-5621

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

Name of Employer WATCH HILL HOLDING CORP Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8158

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DAVID POTACK

Mailing Address 67 RANDOM FARMS DR

City CHAPPAQUA State NY Zip Code 10514-1017

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

Name of Employer UNITEX Occupation VP SALES & MARKETING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11.8091

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 28 REICHERT CIRCLE

City WESTPORT State CT Zip Code 06880-2643

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

Name of Employer UNITEX TEXTILE RENTAL SERVICES Occupation VP OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11.8092

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 426 CLERMONT AVENUE

City BROOKLYN State NY Zip Code 11238-1502

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2013

Transaction ID : SA11.8010

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) I RAND RODGERS		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2013
Mailing Address RAND RODGERS		Transaction ID : SA11.8038
City GREENWICH	State CT	
Zip Code 06831		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) MICHAEL ROSENBERG		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2013
Mailing Address 400 EAST MAIN STREET		Transaction ID : SA11.8068
City MOUNT KISCO	State NY	
Zip Code 10549-3417		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer NORTHERN WESTCHESTER SURGICAL SER	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) BETTY RUBENSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2013
Mailing Address 13301 PONDEROSA WAY		Transaction ID : SA11.8139
City FORT MYERS	State FL	
Zip Code 33907-7823		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	5600.00
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 52 OF 89
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
BETTY RUBENSTEIN

Mailing Address 13301 PONDEROSA WAY

City State Zip Code
FORT MYERS FL 33907-7823

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8140

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 13301 PONDEROSA WAY

City State Zip Code
FORT MYERS FL 33907-7823

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

Name of Employer Occupation
21ST CENTURY ONCOLOGY PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8137

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 13301 PONDEROSA WAY

City State Zip Code
FORT MYERS FL 33907-7823

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

Name of Employer Occupation
21ST CENTURY ONCOLOGY PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8138

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
WAYNE RYDER

Mailing Address **2 GLENEIDA AVENUE**

City **CARMEL** State **NY** Zip Code **10512-1701**

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

Name of Employer **PUTNAM COUNTY NATIONAL BANK** Occupation **BANKER**

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
06 / 30 / 2013

Transaction ID : SA11.8152

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **393 GUARD HILL ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1043**

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

Name of Employer **LORDAE, LLC** Occupation **FINANCE**

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
06 / 30 / 2013

Transaction ID : SA11.8104

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANDY M. SCHWARTZ

Mailing Address **2 SLEEPY HOLLOW COURT**

City **NORTH CALDWELL** State **NJ** Zip Code **07006-4179**

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

Name of Employer **BLEAKLEY, DWYER & SCHWARTZ** Occupation **FINANCIAL ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11.8017

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ANDY M. SCHWARTZ

Mailing Address **2 SLEEPY HOLLOW COURT**

City **NORTH CALDWELL** State **NJ** Zip Code **07006-4179**

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

Name of Employer **BLEAKLEY, DWYER & SCHWARTZ** Occupation **FINANCIAL ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11.8018

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 431**

City **SOUTH SALEM** State **NY** Zip Code **10590-0431**

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

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

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
06 / 30 / 2013

Transaction ID : SA11.8114

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

Mailing Address **605 THIRD AVENUE
42ND FLOOR**

City **NEW YORK** State **NY** Zip Code **10158-0180**

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

Name of Employer **NEUBERGER BERMAN** Occupation **PORTFOLIO MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8143

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

7200.00

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

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

FOR LINE NUMBER: PAGE 55 OF 89
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MARVIN C. SCHWARTZ

Mailing Address **605 THIRD AVENUE
42ND FLOOR**

City **NEW YORK** State **NY** Zip Code **10158-0180**

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

Name of Employer **NEUBERGER BERMAN** Occupation **PORTFOLIO MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8144

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **24 UPLAND DRIVE**

City **CHAPPAQUA** State **NY** Zip Code **10514-2804**

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

Name of Employer **TACONIC CAPITAL ADVISORS, LP** Occupation **PORTFOLIO 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
06 / 26 / 2013

Transaction ID : SA11.8084

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **99 RICHMOND HILL ROAD**

City **GREENWICH** State **CT** Zip Code **06831-2525**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2013

Transaction ID : SA11.8051

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

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

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

8800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 99 RICHMOND HILL ROAD

City GREENWICH State CT Zip Code 06831-2525

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11.8051B

Amount of Each Receipt this Period
 -2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 99 RICHMOND HILL ROAD

City GREENWICH State CT Zip Code 06831-2525

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11.8201

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address 99 RICHMOND HILL ROAD

City GREENWICH State CT Zip Code 06831-2525

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

Name of Employer INTREPID CAPITAL MANAGEMENT, INC. Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11.8050

Amount of Each Receipt this Period
 5200.00

CONTRIBUTION

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
STEVEN SHAPIRO

Mailing Address 99 RICHMOND HILL ROAD

City GREENWICH State CT Zip Code 06831-2525

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

Name of Employer INTREPID CAPITAL MANAGEMENT, INC. Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11.8050B

Amount of Each Receipt this Period
 -2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 99 RICHMOND HILL ROAD

City GREENWICH State CT Zip Code 06831-2525

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

Name of Employer INTREPID CAPITAL MANAGEMENT, INC. Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11.8199

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address 416 WORTHINGTON AVENUE

City SPRING LAKE State NJ Zip Code 07762-1648

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

Name of Employer CLOTHES LINES UNLIMITED LLC Occupation CHIEF FINANCIAL OFFICER

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
 06 / 04 / 2013

Transaction ID : SA11.8034

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DAVID S. SILVER

Mailing Address 162 KINGWOOD PARK

City State Zip Code
POUGHKEEPSIE NY 12601-5407

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

Name of Employer Occupation
HUDSON HIGHLANDS PROPERTIES PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2013

Transaction ID : SA11.8078

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

Mailing Address 162 KINGWOOD PARK

City State Zip Code
POUGHKEEPSIE NY 12601-5407

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

Name of Employer Occupation
HUDSON HIGHLANDS PROPERTIES PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2013

Transaction ID : SA11.8079

Amount of Each Receipt this Period
2400.00
CONTRIBUTION

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

Mailing Address 137 RIVERSIDE DR

City State Zip Code
NEW YORK NY 10024-3702

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

Name of Employer Occupation
WELLNESS REBATES C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2013

Transaction ID : SA11.8042

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CLINTON SMULLYAN		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2013	
Mailing Address 31 EAST 79TH STREET		Transaction ID : SA11.8037	
City NEW YORK	State NY	Zip Code 10075-0164	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer MOSBACHER PROPERTIES INC.	Occupation EXECUTIVE		
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) B. DONN SORENSEN		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2013	
Mailing Address 155 CARONDELET PLAZA		Transaction ID : SA11.8082	
City CLAYTON	State MO	Zip Code 63105-3479	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer MERCY	Occupation PRESIDENT		
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) C. MICHAEL H. STEINHARDT		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2013	
Mailing Address 1158 FIFTH AVENUEW		Transaction ID : SA11.8090	
City NEW YORK	State NY	Zip Code 10029-6917	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00 CONTRIBUTION	
Name of Employer STEINHARDT MANAGEMENT COMPANY, INC	Occupation RETIRED MONEY MANAGER/PHILANTHROF		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	6700.00
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 60 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 1158 FIFTH AVENUEW

City NEW YORK State NY Zip Code 10029-6917

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

Name of Employer STEINHARDT MANAGEMENT COMPANY, INC Occupation RETIRED MONEY MANAGER/PHILANTHROF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : SA11.8090B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 1158 FIFTH AVENUEW

City NEW YORK State NY Zip Code 10029-6917

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

Name of Employer STEINHARDT MANAGEMENT COMPANY, INC Occupation RETIRED MONEY MANAGER/PHILANTHROF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : SA11.8178

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
BARBARA J. SWANSON

Mailing Address 119 TURTLE POINT ROAD

City TUXEDO PARK State NY Zip Code 10987-4113

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8125

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

2600.00

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

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

FOR LINE NUMBER: PAGE 61 OF 89
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ROBERT E. SWANSON

Mailing Address 119 TURTLE POINT ROAD

City State Zip Code
TUXEDO PARK NY 10987-4113

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

Name of Employer Occupation
RIDGEWOOD ENERGY CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8126

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. LARRY TATUM

Mailing Address 4708 LAFAYETTE AVENUE

City State Zip Code
FORT WORTH TX 76107-3724

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

Name of Employer Occupation
TEXAS HEALTH CARE PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2013

Transaction ID : SA11.8062

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 13 WHIPPOORWILL ROAD

City State Zip Code
ARMONK NY 10504-1327

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

Name of Employer Occupation
SIMPSON, THACHER & BARTLETT, LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2013

Transaction ID : SA11.8095

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ALFRED TINGER

Mailing Address 136 DORCHESTER DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598-4757

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 22 / 2013

Transaction ID : SA11.8024

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

Mailing Address 822 NORTH ST

City GREENWICH State CT Zip Code 06831-3108

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

Name of Employer STAY AT HOME MOM Occupation STAY AT HOME MOM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 21 / 2013

Transaction ID : SA11.8023

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. HEATHER TRIVEDI

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

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

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11.8094

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **21 BISBEE LANE**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2205**

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

Name of Employer **NORTHERN WESTCHESTER HOSPITAL** Occupation **SVP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2740.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 08 / 2013

Transaction ID : SA11.8027

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HARRIETTE BROWN VALLAR

Mailing Address **21 BISBEE LANE**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2205**

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

Name of Employer **NORTHERN WESTCHESTER HOSPITAL** Occupation **SVP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2740.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2013

Transaction ID : SA11.8027B

Amount of Each Receipt this Period
-140.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

C. Full Name (Last, First, Middle Initial)
HARRIETTE BROWN VALLAR

Mailing Address **21 BISBEE LANE**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2205**

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

Name of Employer **NORTHERN WESTCHESTER HOSPITAL** Occupation **SVP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2740.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2013

Transaction ID : SA11.8211

Amount of Each Receipt this Period
140.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **21 BISBEE LANE**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2205**

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

Name of Employer **NORTHERN WESTCHESTER HOSPITAL** Occupation **SVP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2740.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2013

Transaction ID : SA11.8209

Amount of Each Receipt this Period
140.00

CONTRIBUTION

IN-KIND: **FOOD & BEVERAGE**

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

Mailing Address **21 BISBEE LANE**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2205**

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

Name of Employer **GUARD HILL ADVISORS** Occupation **INVESTMENT ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11.8107

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **28 STIRRUP TRAIL**

City **PAWLING** State **NY** Zip Code **12564-2222**

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

Name of Employer **UNIVERSAL AMERICAN CORP.** Occupation **PRESIDENT / CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2013

Transaction ID : SA11.8073

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

2140.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CARL D. WEINBERG

Mailing Address 52 WEST LANE

City POUND RIDGE State NY Zip Code 10576-1622

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

Name of Employer SCHIAVETTI, CORGAN, DIEDWARDS, WEINB Occupation ATTORNEY

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
 06 / 19 / 2013

Transaction ID : SA11.8054

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 800 WESTCHESTER AVENUE SUITE N601

City RYE BROOK State NY Zip Code 10573-1331

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

Name of Employer RPW GROUP Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8216

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

REFUNDED \$1,000.00 ON 06/30/2013

C. Full Name (Last, First, Middle Initial)
H JAY WISNICKI

Mailing Address 8 UNION SQ S

City NEW YORK State NY Zip Code 10003-4100

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2013

Transaction ID : SA11.8061

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 15 CENTRAL PARK W., #34D

City NEW YORK State NY Zip Code 10023-7718

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

Name of Employer DAVIDSON KEMPNER CAPITAL MANAGEMEN Occupation MONEY MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11.8153

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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).....

2600.00

310270.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 89
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGY PAC

Mailing Address 655 BEACH STREET

City SAN FRANCISCO State CA Zip Code 94109-1342

FEC ID number of contributing federal political committee. **C** C00196246

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
 06 / 30 / 2013

Transaction ID : SA11.8160

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RADIATION THERAPY SERVICES, INC. PAC

Mailing Address 2234 COLONIAL BLVD.

City FORT MYERS State FL Zip Code 33907-1412

FEC ID number of contributing federal political committee. **C** C00385120

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
 06 / 30 / 2013

Transaction ID : SA11.8159

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

10000.00

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 89
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NAN HAYWORTH

Mailing Address P.O. BOX 394

City State Zip Code
Fishkill NY 12425

FEC ID number of contributing federal political committee. **C** C00466490

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
223533.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2013

Transaction ID : SA13A.1825

Amount of Each Receipt this Period
50000.00

CAMPAIGN LOAN

CAMPAIGN LOAN

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).....

50000.00

50000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 89
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AIRNET GROUP INC.

Mailing Address 801 BROAD ST.

City CHATTANOOGA State TN Zip Code 37402

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5664.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2013

Transaction ID : SA14.1824

Amount of Each Receipt this Period
5664.02

OVERPAYMENT REFUND

OVERPAYMENT REFUND

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).....

5664.02

5664.02

**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 70 OF 89	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2013
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 39564.10
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I1813
Candidate Name	Category/Type	FUNDRAISING CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. LEORA LEVY		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 59 PECKSLAND ROAD		Amount of Each Disbursement this Period 187.90
City GREENWICH State CT Zip Code 06831-3711	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.8207
Candidate Name	Category/Type	IN KIND: FOOD & BEVERAGE
Office Sought: <input type="checkbox"/> House <input checked="" 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: 00	

Full Name (Last, First, Middle Initial) C. LEORA LEVY		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 59 PECKSLAND ROAD		Amount of Each Disbursement this Period 892.33
City GREENWICH State CT Zip Code 06831-3711	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.8208
Candidate Name	Category/Type	IN-KIND: FOOD & BEVERAGE
Office Sought: <input type="checkbox"/> House <input checked="" 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: 00	

SUBTOTAL of Disbursements This Page (optional).....	40644.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 89	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. HARRIETTE BROWN VALLAR		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2013
Mailing Address 21 BISBEE LANE		Amount of Each Disbursement this Period 140.00
City BEDFORD HILLS	State NY	Zip Code 10507-2205
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/Type	
Candidate Name	Transaction ID : SB17.8209	
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)	IN-KIND: FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS SETTLEMENT		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 134.62
City PHOENIX	State AZ	Zip Code 85072
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	
Candidate Name	Transaction ID : SB17.I1806	
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)	CREDIT CARD PROCESSING FEES
State: District: 00		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS SETTLEMENT		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2013
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 313.19
City PHOENIX	State AZ	Zip Code 85072
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	
Candidate Name	Transaction ID : SB17.I1807	
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)	CREDIT CARD PROCESSING FEES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	587.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 89	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2013
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 4000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1811
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: 00	Category/Type COMPLIANCE SERVICES	

Full Name (Last, First, Middle Initial) B. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1817
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: 00	Category/Type COMPLIANCE SERVICES	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2013
Mailing Address 5055 SEMINARY ROAD, #612		Amount of Each Disbursement this Period 800.00
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement SOFTWARE	
Candidate Name		Transaction ID : SB17.I1808
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: 00	Category/Type SOFTWARE	

SUBTOTAL of Disbursements This Page (optional).....	6800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 5055 SEMINARY ROAD, #612		Amount of Each Disbursement this Period 800.00
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement SOFTWARE	
Candidate Name		Transaction ID : SB17.I1809
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: 00	Category/Type SOFTWARE	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 5055 SEMINARY ROAD, #612		Amount of Each Disbursement this Period 1600.00
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement SOFTWARE	
Candidate Name		Transaction ID : SB17.I1815
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: 00	Category/Type SOFTWARE	

Full Name (Last, First, Middle Initial) C. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2013
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 8690.84
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1812
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

SUBTOTAL of Disbursements This Page (optional).....	11090.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. MERCHANT SERVICES		M M / D D / Y Y Y Y 05 / 01 / 2013
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period
City KNOXVILLE	State TN	Zip Code 37920
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	15.30
Candidate Name	Disbursement For: 2014	Transaction ID : SB17.I1804
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	CREDIT CARD PROCESSING FEES
State: District: 00	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MERCHANT SERVICES		M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period
City KNOXVILLE	State TN	Zip Code 37920
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	102.73
Candidate Name	Disbursement For: 2014	Transaction ID : SB17.I1805
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	CREDIT CARD PROCESSING FEES
State: District: 00	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. OPTIMUM BUSINESS		M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 6 CORPORATE CENTER DRIVE		Amount of Each Disbursement this Period
City MELVILLE	State NY	Zip Code 11747
Purpose of Disbursement TELEPHONE	Category/Type	149.33
Candidate Name	Disbursement For: 2012	Transaction ID : SB17.I1816
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	TELEPHONE
State: District: 00	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	267.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 89	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2013
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 49.50
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL PROCESSING FEE	
Candidate Name	Category/Type	Transaction ID : SB17.I1810
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)	PAYROLL PROCESSING FEE	
State: District: 00		

Full Name (Last, First, Middle Initial) B. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2013
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 44.00
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I1774
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL EXPENSE	
State: District: 00		

Full Name (Last, First, Middle Initial) C. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 49.00
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL PROCESSING	
Candidate Name	Category/Type	Transaction ID : SB17.I1802
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)	PAYROLL PROCESSING	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	142.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 89	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. TAX MATTERS LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2013
Mailing Address 5100 27TH ROAD N		Amount of Each Disbursement this Period 500.00
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement ACCOUNTING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.I1814
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)	ACCOUNTING SERVICES	
State: District: 00		

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 15.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1803
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)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1818
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)	BANK FEES	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	535.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 89			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1822
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: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1823
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: 00	Category/Type	BANK FEES

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	
Candidate Name		Transaction ID
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	60107.84

**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 78 OF 89			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. ROBERT WEISZ		Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 800 WESTCHESTE AVE. SUITE N601		Amount of Each Disbursement this Period 1000.00
City RYE BROOK	State NY Zip Code 10573	
Purpose of Disbursement REFUND	Category/Type	Transaction ID : SB20A.I1826
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)	REFUND
State: District: 00		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
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).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 14**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Nan Hayworth** *[PERSONAL FUNDS]* Election: 2010
 Primary
 General
 Other (specify) ▼ **PRIMARY 2010**

Mailing Address
 P.O. Box 189

City State ZIP Code
 Mount Kisco NY 10549

Original Amount of Loan 110000.00	Cumulative Payment To Date 48000.00	Balance Outstanding at Close of This Period 62000.00
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TERMS

Date Incurred: M 09 / D 26 / Y 2009 Date Due: M / D / Y due on demand Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 62000.00

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 15

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼
PRIMARY 2010

Mailing Address
P.O. Box 189

City State ZIP Code
Mount Kisco NY 10549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
40000.00 0.00 40000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 30 / 2009 M M / D D / due on demand 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 40000.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 16

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼
PRIMARY 2010

Mailing Address
P.O. Box 189

City State ZIP Code
Mount Kisco NY 10549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 31 / Y 2009 M M / D D / due on demand 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 100000.00

TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 28**

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ GENERAL 2010
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	15500.00	134500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2010	M / D / Y due on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	134500.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 30

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼
GENERAL 2010

Mailing Address
P.O. Box 189

City State ZIP Code
Mount Kisco NY 10549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 30 / 2010 M M / D D / due on demand 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 100000.00

TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 32

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼
GENERAL 2012

Mailing Address
P.O. Box 189

City State ZIP Code
Mount Kisco NY 10549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
10 29 / 2012 due on demand

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 100000.00

TOTALS This Period (last page in this line only).....

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

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : AC 35

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General - 2012
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10033.45	0.00	10033.45

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 18 / Y 2012	M M / D D / Y on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="10033.45"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>

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

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 33**

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General - 2012
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
63500.00	0.00	63500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 21 / Y 2012	M / D / Y due on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	63500.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 34

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼
General - 2012

Mailing Address
P.O. Box 394

City State ZIP Code
Fishkill NY 12524

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred: M 04 / D 22 / Y 2013
Date Due: M / D / Y due on demand
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	660033.45

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Paula Colarusso

Nature of Debt (Purpose):
fundraising consulting

Mailing Address 1544 Star Route 203

City State Zip Code
Chatham NY 12037

Outstanding Balance Beginning This Period

39564.10

Transaction ID : 14

Amount Incurred This Period

0.00

Payment This Period

39564.10

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Airnet Group, Inc.

Nature of Debt (Purpose):
Telephone & Telecomm Services - overpaym

Mailing Address P.O. Box 11181

City State Zip Code
Chattanooga TN 37401

Outstanding Balance Beginning This Period

1713.36

Transaction ID : 1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):
Cable Television

Mailing Address P.O. Box 9256

City State Zip Code
Chelsea MA 02150

Outstanding Balance Beginning This Period

149.33

Transaction ID : 3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

149.33

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

149.33

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions		Nature of Debt (Purpose): online fundraising / web hosting
Mailing Address 117 North Saint Asaph Street		
City	State	Zip Code
Alexandria	VA	22314

Outstanding Balance Beginning This Period	Transaction ID : 4	
1758.84		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1758.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Management Companies		Nature of Debt (Purpose): rent
Mailing Address 78 North State Road		
City	State	Zip Code
Briarcliff Manor	NY	10510

Outstanding Balance Beginning This Period	Transaction ID : 8	
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon		Nature of Debt (Purpose): Telephone & Telecomm Services
Mailing Address P.O. Box 408		
City	State	Zip Code
Newark	NJ	07101

Outstanding Balance Beginning This Period	Transaction ID : 12	
298.67		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	298.67

1) SUBTOTALS This Period This Page (optional)	3057.31
2) TOTALS This Period (last page this line number only)	3206.64
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	660033.45
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	663240.09