

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CHRIS GIBSON FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	61794.00	2916489.85
(b) Total Contribution Refunds (from Line 20(d))	0.00	6253.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61794.00	2910236.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	514776.19	1909185.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	514776.19	1909185.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1232251.74	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CHRIS GIBSON FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39740.00	1250783.11
(ii) Unitemized.....	9554.00	215589.44
(iii) TOTAL of contributions from individuals ▶	49294.00	1466372.55
(b) Political Party Committees.....	0.00	2200.00
(c) Other Political Committees (such as PACs).....	12500.00	1447917.30
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	61794.00	2916489.85
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	145073.17
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.02
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	61794.00	3061563.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	514776.19	1909185.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	5903.16
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6253.16
21. OTHER DISBURSEMENTS	0.00	2315.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	514776.19	1917753.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1685233.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61794.00
25. SUBTOTAL (add Line 23 and Line 24).....	1747027.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	514776.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1232251.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
1561 ULSTER PROPERTIES LLC

Mailing Address 199 WEST RD
SUITE 101

City Pleasant Valley State NY Zip Code 12569

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

Name of Employer Occupation

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
 10 / 15 / 2014

Transaction ID : SA11AI.19494

Amount of Each Receipt this Period
250.00

LLC INFORMATION REQUESTED

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

Mailing Address 11 PINION PINE LN

City Queensbury State NY Zip Code 12804

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

Name of Employer Occupation
SELF REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.19201

Amount of Each Receipt this Period
50.00

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

Mailing Address 11 JAMES LANE

City Kinderhook State NY Zip Code 12106-2312

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

Name of Employer Occupation
NATIONAL UNION BANK OF KINDERHOOK BANKER/CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11AI.19380

Amount of Each Receipt this Period
100.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEREK BALLING

Mailing Address **PO BOX 231**

City **HURLEY** State **NY** Zip Code **12443**

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

Name of Employer **COLLECTIVE** Occupation **DIRECTOR OF TECHNICAL OPERATIONS**

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
10 / 12 / 2014

Transaction ID : SA11AI.19188

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. FREDERICK L BATTENFELD

Mailing Address **BOX 867 ROUTE 199**

City **RED HOOK** State **NY** Zip Code **12571**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19420

Amount of Each Receipt this Period
125.00

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

Mailing Address **PO BOX 365**

City **MODENA** State **NY** Zip Code **12548-0365**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19505

Amount of Each Receipt this Period
500.00

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

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

875.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. LORI BENJAMIN

Mailing Address 531 SOUTHWOODS DRIVE

City MONTICELLO State NY Zip Code 12701-7232

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

Name of Employer HARRI MONTI MCLAUGHLIN INSURANCE AG Occupation BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19248

Amount of Each Receipt this Period
100.00

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

Mailing Address PO BOX 92

City FORESTBURGH State NY Zip Code 12777

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

Name of Employer LIVONIA, AVON & LAKEVILLE RR CORP Occupation PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.19511

Amount of Each Receipt this Period
100.00

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

Mailing Address 336 HUNT COUNTRY FARMS RD

City MARTINSVILLE State VA Zip Code 24112

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.19200

Amount of Each Receipt this Period
100.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GEOFFREY L BRACKETT

Mailing Address 37 DOGWOOD HILLS RD

City State Zip Code
NEWBURGH NY 12550-2029

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19467

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. MURRAY BRESKY

Mailing Address 5190 MAIN STREET

City State Zip Code
SOUTH FALLSBURG NY 12779

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

Name of Employer Occupation
MURRAYS CHICKEN OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2008.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2014

Transaction ID : SA11AI.19194

Amount of Each Receipt this Period
180.00

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

Mailing Address 3 OLD WAGON LN

City State Zip Code
OLD WESTBURY NY 11568

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

Name of Employer Occupation
SELF 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
10 / 01 / 2014

Transaction ID : SA11AI.19227

Amount of Each Receipt this Period
500.00

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

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

930.00

**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 67
	<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)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 91 COLUMBIA HTS

City State Zip Code
BROOKLYN NY 11201

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SULLIVAN & CROMWELL LLP LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19523

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. ANTHONY CAMPAGIORNI

Mailing Address 20 NEDS WAY

City State Zip Code
WAPPINGERS FALLS NY 12590

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CENTRAL HUDSON GAS & ELECTRIC VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19488

Amount of Each Receipt this Period

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

Mailing Address 817 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10065

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GRISTEDES FOODS CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19267

Amount of Each Receipt this Period

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 10 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD I COOMBE JR.

Mailing Address 62 OLD BROADHEAD ROAD

City State Zip Code
GRAHAMSVILLE NY 12740-5119

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GRANITE ASSOC. LP FINANCIAL ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19167

Amount of Each Receipt this Period

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

Mailing Address 93 OLD BROADHEAD RD.

City State Zip Code
GRAHAMSVILLE NY 12740

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19180

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOSEPH D'AMATO

Mailing Address PO BOX 243

City State Zip Code
PORT REPUBLIC NJ 08241-0243

FEC ID number of contributing federal political committee.

Name of Employer Occupation
EMPIRE RESORTS CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.19535

Amount of Each Receipt this Period

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 11 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DANIEL G DEVOS

Mailing Address 126 OTTAWA AVENUE NW, STE 500

City GRAND RAPIDS	State MI	Zip Code 49503
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FEC ID number of contributing federal political committee. **C**

Name of Employer DP FOX VENTURES	Occupation PRESIDENT AND CEO
-------------------------------------	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.19446

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. DOUGLAS L DEVOS

Mailing Address 126 OTTAWA AVENUE NW, STE 500

City GRAND RAPIDS	State MI	Zip Code 49503
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FEC ID number of contributing federal political committee. **C**

Name of Employer AMWAY	Occupation PRESIDENT
---------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.19273

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MS. ELIZABETH DEVOS

Mailing Address 126 OTTAWA AVENUE NW, STE 500

City GRAND RAPIDS	State MI	Zip Code 49503
----------------------	-------------	-------------------

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

Name of Employer WINDQUEST GROUP	Occupation EXECUTIVE
-------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.19444

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. HELEN DEVOS

Mailing Address 126 OTTAWA AVENUE NW, STE 500

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer ALTICOR Occupation BOARD MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19438

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MS. MARIA DEVOS

Mailing Address 126 OTTAWA AVENUE NW, STE 500

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer RDV CORPORATION Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19472

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MS. PAMELLA G DEVOS

Mailing Address 126 OTTAWA AVENUE NW, STE 500

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer RDV CORPORATION Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19448

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RICHARD DEVOS JR

Mailing Address 126 OTTAWA AVENUE NW, STE 500

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer AMWAY Occupation CO-FOUNDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19279

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR. RICHARD DEVOS JR

Mailing Address 126 OTTAWA AVENUE NW, STE 500

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer AMWAY Occupation CO-FOUNDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19442

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MS. SUZANNE CHERYL DEVOS

Mailing Address 126 OTTAWA AVENUE NW, STE 500

City GRAND RAPIDS State MI Zip Code 49503

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

Name of Employer ALTICOR Occupation BOARD MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19450

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 176 FOX HOLLOW ROAD

City VALATIE State NY Zip Code 12184-4602

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

Name of Employer SELF Occupation VETERINARIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19486

Amount of Each Receipt this Period
 350.00

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

Mailing Address 1 DUPONT COURT

City BROOKVILLE State NY Zip Code 11548

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

Name of Employer BED, BATH & BEYOND Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19388

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MR. GERALD FORNINO

Mailing Address 19 DEER TAIL TRAIL

City ACCORD State NY Zip Code 12404-5938

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19339

Amount of Each Receipt this Period
 50.00

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

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

1400.00

**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 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILBUR FOSTER

Mailing Address 322 AVERY RD

City State Zip Code
GARRISON NY 10524

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

Name of Employer Occupation
MILBANK TWEED LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11AI.19236

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ERIC P FRANCES

Mailing Address 467 MUTHIG ROAD

City State Zip Code
PARKSVILLE NY 12768-5203

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

Name of Employer Occupation
BETHEL WOODS CENTER CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19165

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
R. ABEL GARRAGHAN

Mailing Address 625 SAWKILL ROAD

City State Zip Code
KINGSTON NY 12401-7157

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

Name of Employer Occupation
HERITAGE ENERGY PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19463

Amount of Each Receipt this Period
250.00

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 16 OF 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATHLEEN H GERARDI

Mailing Address 110 HAMILTON POINT

City VALATIE State NY Zip Code 12184

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
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19240

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. DENNIS M. GILHOOLY

Mailing Address 220 CREAMERY ROAD

City STANFORDVILLE State NY Zip Code 12581-5838

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
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19541

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. JEFFREY GLIEDMAN

Mailing Address 3 HAYMAKER LANE

City WALLKILL State NY Zip Code 12589-4716

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
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2014

Transaction ID : SA11AI.19225

Amount of Each Receipt this Period
50.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 17 OF 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GORMAN TERMINALS, LLC

Mailing Address 200 CHURCH ST

City ALBANY State NY Zip Code 12202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19497

Amount of Each Receipt this Period
1600.00

PREMISSIBLE FUNDS: SEE MEMO ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
P. ANTHONY GORMAN

Mailing Address 290 RIVERSIDE AVENUE

City RENSSELAER State NY Zip Code 12144

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

Name of Employer Occupation
GORMAN BROS., INC. VICE 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
 10 / 15 / 2014

Transaction ID : SA11AI.19497.0

Amount of Each Receipt this Period
1600.00

GORMAN TERMINALS, LCC: PERMISSIBLE FUNDS
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ALAN J GROUT

Mailing Address 3074 US HIGHWAY 9

City VALATIE State NY Zip Code 12184-4820

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

Name of Employer Occupation
SELF APPLE FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19239

Amount of Each Receipt this Period
600.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. MARGARET V GRUNER

Mailing Address **118 ST GEORGE COURT**

City **HURLEY** State **NY** Zip Code **12443**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19492

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. RAYMOND C. GUERIN

Mailing Address **90 FAIRVIEW AVE
APT. 5-2**

City **KINGSTON** State **NY** Zip Code **12401**

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

Name of Employer **KINGSTON RISK MANAGEMENT** Occupation **INSURANCE BROKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19504

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ROGER A HANNAY

Mailing Address **PO BOX 126**

City **WESTERLO** State **NY** Zip Code **12193-0126**

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

Name of Employer **HANNAY REELS INC** Occupation **MFG EXEC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.19297

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. DAVID A HARTMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 3345 BEE CAVE RD SUITE 203		Transaction ID : SA11AI.19247	
City AUSTIN	State TX	Zip Code 78746	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. MR. DOUGLAS HARTMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 3345 BEE CAVE RD SUITE 203		Transaction ID : SA11AI.19284	
City AUSTIN	State TX	Zip Code 78746	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. RALPH HELLMANN		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 3310 OLD DOMINION BLVD		Transaction ID : SA11AI.19349	
City ALEXANDRIA	State VA	Zip Code 22305	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer LUGAR HELLMANN GROUP		Occupation GOVERNMENT RELATIONS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) MARY A HOWARD		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 247 HUNTING RIDGE ROAD		Transaction ID : SA11AI.19547
City STAMFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 850.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JAMES A HOWARTH		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 2 LAKE STREET		Transaction ID : SA11AI.19553
City COOPERSTOWN	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer NY S&W RAILWAY	Occupation VP BUSINESS DEV.	Election Cycle-to-Date 770.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) HUDSON HIGHLANDS PROPERTIES, LLC		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 29C HUDSON VIEW DR		Transaction ID : SA11AI.19499
City BEACON	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

LLC INFORMATION REQUESTED

SUBTOTAL of Receipts This Page (optional).....	520.00
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 21 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 102 OSTEGO STREET

City CANAJOHARIE State NY Zip Code 13317

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19332

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. G. RICHARD KEAVENEY

Mailing Address PO BOX 277

City CANAAN State NY Zip Code 12029-0277

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

Name of Employer TOWN OF CANAAN Occupation SUPERVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11AI.19264

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
BRIAN F KELLY

Mailing Address 194 WALLACE ROAD

City VALATIE State NY Zip Code 12184-5818

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.19197

Amount of Each Receipt this Period
250.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) MR. PATRICK J KENNY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 4430 WASHINGTON ST		Transaction ID : SA11AI.19268
City PRATTSVILLE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) THOMAS KORZUN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2014
Mailing Address 326 BONE HOLLOW RD		Transaction ID : SA11AI.19346
City ACCORD	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 931.00	

Full Name (Last, First, Middle Initial) THOMAS KORZUN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 326 BONE HOLLOW RD		Transaction ID : SA11AI.19548
City ACCORD	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 981.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR THOMAS J KUBISCH

Mailing Address 6413 PETERS LANE

City VALATIE State NY Zip Code 12184-9329

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

Name of Employer FPDNNY Occupation INVESTIGATOR

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
 10 / 15 / 2014

Transaction ID : SA11AI.19270

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. GREGORY LAIB

Mailing Address 775 OAKWOOD DRIVE

City KINGSTON State NY Zip Code 12401-7818

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

Name of Employer IMAGE TECHNOLOGY LABORATORIES, INC Occupation SOFTWARE DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19518

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS. VANITA E LAURITO

Mailing Address 705 HINTINGTON DR

City FISHKILL State NY Zip Code 12524

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
 10 / 15 / 2014

Transaction ID : SA11AI.19490

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GIUSEPPE LEPORE

Mailing Address 11 MARIA CT

City POUGHKEEPSIE State NY Zip Code 12601

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

Name of Employer LCS COMPANIES OF NY INC. Occupation OWNER

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
 10 / 15 / 2014

Transaction ID : SA11AI.19558

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR. KENNETH B LIEGNER

Mailing Address 245 PEROTTI ROAD

City MILLERTON State NY Zip Code 12546-4436

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

Name of Employer SELF Occupation INTERNIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1475.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19503

Amount of Each Receipt this Period
125.00

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

Mailing Address 339 LOUDON ROAD

City LOUDONVILLE State NY Zip Code 12211-1701

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

Name of Employer J H MALOY INC. Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1869.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.19298

Amount of Each Receipt this Period
1300.00

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

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

1675.00

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

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

FOR LINE NUMBER: PAGE 25 OF 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS MARUSAK

Mailing Address 21 ELM STREET

City State Zip Code
WATERVLIET NY 12189-1740

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

Name of Employer Occupation
COMFORTEX PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19533

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. STEVEN J MATHEKE

Mailing Address 1411 ALBANY AVENUE

City State Zip Code
VALATIE NY 12184-9796

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
295.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19534

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MS. ELISABETH MCLAUGHLIN

Mailing Address 12 COLONIAL LN

City State Zip Code
RIVERSIDE CT 06878

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

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
 10 / 15 / 2014

Transaction ID : SA11AI.19475

Amount of Each Receipt this Period
1000.00

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

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

1120.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 12 COLONIAL LN

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer SIDLEY AUSTIN LLP Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19473

Amount of Each Receipt this Period
1600.00

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

Mailing Address 300 AHRENS ROAD

City PARKSVILLE State NY Zip Code 12768-5116

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

Name of Employer GRANITE ASSOC. Occupation DIRECTOR OF HR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19166

Amount of Each Receipt this Period
150.00

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

Mailing Address PO BOX 657

City CROSS RIVER State NY Zip Code 10518

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
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19516

Amount of Each Receipt this Period
100.00

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

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

1850.00

**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 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MORRIS ASSOCIATES, P.S. LLC

Mailing Address 9 ELKS LN

City State Zip Code
POUGHKEEPSIE NY 12601

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19496

Amount of Each Receipt this Period
250.00

LLC INFORMATION REQUESTED

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH MURIN

Mailing Address 529 8TH STREET
APT. 2B

City State Zip Code
BROOKLYN NY 11215-4216

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

Name of Employer Occupation
NYCDEP BUDGET MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 04 / 2014

Transaction ID : SA11AI.19224

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR. FLORENCE A NOLAN

Mailing Address 21 WESTERN AVENUE

City State Zip Code
GLENS FALLS NY 12801-2701

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

Name of Employer Occupation
ADIRONDACK PEDIATRICS PHYSICAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19333

Amount of Each Receipt this Period
100.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NUSSBICKEL BROTHERS REALTY		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 205 OLD ROUTE 9		Transaction ID : SA11AI.19510	
City FISHKILL	State NY	Zip Code 12524	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Occupation		INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. PBB LLC		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 1172 ROUTE 66		Transaction ID : SA11AI.19502	
City GHENT	State NY	Zip Code 12075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTION	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) C. PETER BUDELMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 1172 ROUTE 66		Transaction ID : SA11AI.19502.0	
City GHENT	State NY	Zip Code 12075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation PBB LLC PARTNER		PBB LLC: PERMISSIBLE FUNDS [MEMO ITEM]	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	[]

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

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

FOR LINE NUMBER: PAGE 29 OF 67
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CARMİ RAPPORİ

Mailing Address 436 UNION STREET

City State Zip Code
HUDSON NY 12534

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

Name of Employer Occupation
RAPPORİ MEYERS ETAL ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 07 2014

Transaction ID : SA11AI.19381

Amount of Each Receipt this Period
500.00

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

Mailing Address 4 COLUMBIA AVE

City State Zip Code
NIVERVILLE NY 12130

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.19554

Amount of Each Receipt this Period
20.00

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

Mailing Address 304 OVERLOOK RD

City State Zip Code
POUGHKEEPSIE NY 12603

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 08 2014

Transaction ID : SA11AI.19363

Amount of Each Receipt this Period
50.00

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

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

570.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DONN SALVOSA

Mailing Address 9911 OAK BRANCH DRIVE

City State Zip Code
VIENNA VA 22181-5333

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.19350

Amount of Each Receipt this Period
250.00

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

Mailing Address 25 VISCHER FERRY RD

City State Zip Code
REXFORD NY 12148

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

Name of Employer Occupation
CAPITAL REGION ORTHOPAEDICS ORTHOPAEDIC SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.19513

Amount of Each Receipt this Period
500.00

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

Mailing Address 48 MIRO PLACE

City State Zip Code
PORT WASHINGTON NY 11050-2444

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19439

Amount of Each Receipt this Period
50.00

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

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

800.00

**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 31 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAMES M SHEEHEY

Mailing Address 442 MCCAGG RD
PO BOX 727

City: KINDERHOOK State: NY Zip Code: 12106

FEC ID number of contributing federal political committee: C

Name of Employer: MEDICAL FISCAL MANAGEMENT Occupation: MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 15 / 2014

Transaction ID : SA11AI.19484

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JOANN V SHEEHEY

Mailing Address 443 MCCAGG RD
PO BOX 727

City: VALATIE State: NY Zip Code: 12184

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: 500.00

Date of Receipt: 10 / 15 / 2014

Transaction ID : SA11AI.19482

Amount of Each Receipt this Period: 500.00

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

Mailing Address 153 WADE ROAD

City: LIBERTY State: NY Zip Code: 12754

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 10 / 15 / 2014

Transaction ID : SA11AI.19287

Amount of Each Receipt this Period: 150.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address 1575 W 124TH AVE
SUITE 210

City WESTMINSTER State CO Zip Code 80234

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

Name of Employer Occupation
AIR COMM CORP EVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.19365

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM E STEUBER

Mailing Address 98 DEER LAKE ROAD

City LONG EDDY State NY Zip Code 12760

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19290

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CONSTANCE F TAYLOR-LESCANO

Mailing Address 6 ROCK VIEW LANE

City LOCH SHELDRAKE State NY Zip Code 12759

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

Name of Employer Occupation
DIVINE SPA & ACQUATICS AQUATIC MASSAGE THERAPIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.19178

Amount of Each Receipt this Period
150.00

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

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

1900.00

**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 67
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. STEVEN TINKELMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 314 DRAKE RD		Transaction ID : SA11AI.19465	
City PLEASANT VALLEY	State NY	Zip Code 12569	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. THOMAS W TYLER		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 234 CASEY ROAD		Transaction ID : SA11AI.19241	
City SCHUYLERVILLE	State NY	Zip Code 12871-1816	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NYS	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2824.00		

Full Name (Last, First, Middle Initial) C. MICHAEL WHITMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 44 MONTGOMERY STREET SUITE 920		Transaction ID : SA11AI.19392	
City SAN FRANCISCO	State CA	Zip Code 94104	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SFA MANAGEMENT CORP.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	1500.00

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

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

FOR LINE NUMBER: PAGE 34 OF 67
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

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

Mailing Address **47 E 88TH STREET**
APT. 5-C

City **NEW YORK** State **NY** Zip Code **10128-1152**

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19517

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. THOMAS L YOUNGS

Mailing Address **450 STATE ROUTE 443**

City **SCHOHARIE** State **NY** Zip Code **12157-4912**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.19340

Amount of Each Receipt this Period
100.00

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).....

350.00

39740.00

**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 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 14600 TRINITY BLVD
SUITE 500

City State Zip Code
FORT WORTH TX 76155

FEC ID number of contributing federal political committee. **C** C00267849

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11C.19312

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Mailing Address 121 N HENRY STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00010124

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.19480

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET
SUITE 2701

City State Zip Code
DALLAS TX 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.19435

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 67
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BURGER KING FRANCHISEE PAC

Mailing Address 1701 BARRETT LAKES BLVD. NW
SUITE 180

City State Zip Code
KENNESAW GA 30144

FEC ID number of contributing federal political committee. **C** C00329425

Name of Employer Occupation

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
10 / 15 / 2014

Transaction ID : SA11C.19433

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT COUNTY EXECUTIVE JIMINO

Mailing Address 157 ELMGROVE AVENUE

City State Zip Code
TROY NY 12180-5236

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

Name of Employer Occupation

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
10 / 10 / 2014

Transaction ID : SA11C.19387

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND

Mailing Address 700 MARITIME BLVD

City State Zip Code
LINTHICUM HEIGHTS MD 21090

FEC ID number of contributing federal political committee. **C** C00073056

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.19456

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11C.19292

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
NEW BALTIMORE REPUBLICAN COMMITTEE

Mailing Address PO BOX 250

City HANNACROIX State NY Zip Code 12087-0250

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11C.19322

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
PANCAKE POLITICAL ACTION COMMITTEE

Mailing Address 1340 HAMLET AVENUE

City CLEARWATER State FL Zip Code 33756

FEC ID number of contributing federal political committee. **C** C00482463

Name of Employer Occupation

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
 10 / 15 / 2014

Transaction ID : SA11C.19477

Amount of Each Receipt this Period
1000.00

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

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

2800.00

**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 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PITTSTOWN REPUBLICAN COMMITTEE

Mailing Address 549 N TURNPIKE RD

City State Zip Code
JOHNSONVILLE NY 12094

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.19469

Amount of Each Receipt this Period
700.00

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

Mailing Address 27 LEHIGH COURT

City State Zip Code
ROCKVILLE CENTRE NY 11570

FEC ID number of contributing federal political committee. **C** C00290098

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.19345

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
THE IBERDROLA USA POLITICAL ACTION COMMITTEE

Mailing Address 52 FARM VIEW DRIVE

City State Zip Code
NEW GLOUCESTER ME 04260

FEC ID number of contributing federal political committee. **C** C00406801

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.19458

Amount of Each Receipt this Period
1000.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 67
	<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)
CHRIS GIBSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TOWN OF LIBERTY REPUBLICAN COMMITTEE

Mailing Address **7 DANICA WAY**
UNIT 26

City **LIBERTY** State **NY** Zip Code **12754**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.19462

Amount of Each Receipt this Period
 _____ **750.00**

B. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT

Mailing Address **700 13TH STREET NW, SUITE 350**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.19479

Amount of Each Receipt this Period
 _____ **2000.00**

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

Amount of Each Receipt this Period

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

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

_____ **2750.00**

_____ **12500.00**

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 633-FAIRPOINT COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO BOX 580028		Amount of Each Disbursement this Period 208.98 Transaction ID : SB17.19103
City Charlotte	State NC	
Zip Code 28258	Purpose of Disbursement BROADBAND SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ACQUA AL 2		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 212 7TH ST SE		Amount of Each Disbursement this Period 1560.00 Transaction ID : SB17.19570 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement AMEX 10/1 CC PAYMENT: CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ADOBE		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 345 PARK AVE		Amount of Each Disbursement this Period 148.73 Transaction ID : SB17.19607 [MEMO ITEM]
City SAN JOSE	State CA	
Zip Code 95110	Purpose of Disbursement AMEX 10/1 CC PAYMENT: SOFTWARE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	208.98
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 41 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

A. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address 200 VESSEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CREDIT CARD: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 17667.49

Transaction ID : SB17.19104

B. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 50 MASSACHUSETTS AVE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
AMEX 10/1 CC PAYMENT: TRAVEL: RAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 11 / 2014

Amount of Each Disbursement this Period: 205.00

Transaction ID : SB17.19569

[MEMO ITEM]

C. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 50 MASSACHUSETTS AVE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
AMEX 10/1 CC PAYMENT: TRAVEL RAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 2.75

Transaction ID : SB17.19563

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 17667.49

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 42 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ASSOCIATED GENERAL CONTRACTORS OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 2300 WILSON BOULEVARD SUITE 300		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.19106
City ARLINGTON State VA Zip Code 22201	Purpose of Disbursement FACILITY RENTAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. KATHERINE BETTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 71.20 Transaction ID : SB17.19121
City KINDERHOOK State NY Zip Code 12106	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HARVEST SPIRITS		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P.O. BOX 813		Amount of Each Disbursement this Period 32.40 Transaction ID : SB17.19121.0 [MEMO ITEM]
City VALATIE State NY Zip Code 12184	Purpose of Disbursement BETTER REIMBURSEMENT: CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	371.20
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOLDEN HARVEST FARMS		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 3074 ROUTE 9		Amount of Each Disbursement this Period 38.80
City VALATIE State NY Zip Code 12184	Purpose of Disbursement BETTER REIMBURSEMENT: CATERING SERVICES	
Candidate Name		Transaction ID : SB17.19121.1 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. BOLT BUS		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 350 N ST. PAUL STREET SUITE 900		Amount of Each Disbursement this Period 27.25
City DALLAS State TX Zip Code 75201	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Transaction ID : SB17.19572 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 905.76
City WASHINGTON State DC Zip Code 20003-1801	Purpose of Disbursement AMEX 10/1 CC PAYMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name		Transaction ID : SB17.19573 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 44 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 60.00
City WASHINGTON	State DC	
Zip Code 20003-1801	Purpose of Disbursement AMEX 10/1 CC PAYMENT: CATERING SERVICES	Transaction ID : SB17.19560
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 15.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Transaction ID : SB17.19109
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1445-A LAUGHLIN AVE		Amount of Each Disbursement this Period 15.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Transaction ID : SB17.19110
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30.00
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 45 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CLEAR CHANNEL OUTDOOR		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 3714 N PANAM EXPY		Amount of Each Disbursement this Period 3525.00
City SAN ANTONIO	State TX	
Zip Code 78219	Purpose of Disbursement AMEX 10/1 CC PAYMENT: PLACED MEDIA	Transaction ID : SB17.19603
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COLUMBIA COUNTY SOLID WASTE DEPARTMENT		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 401 STATE STREET		Amount of Each Disbursement this Period 250.00
City HUDSON	State NY	
Zip Code 12534	Purpose of Disbursement WASTE COLLECTION SERVICES	Transaction ID : SB17.19111
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CRAFT MEDIA/DIGITAL, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 1600 K STREET NW SUITE 300		Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement DIGITAL CONSULTING	Transaction ID : SB17.19112
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2750.00
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 46 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CRAFT MEDIA/DIGITAL, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 1600 K STREET NW SUITE 300		Amount of Each Disbursement this Period 17050.86 Transaction ID : SB17.19629
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement ONLINE ADVERTISING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CROSSROADS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 66 CANAL CENTER PLAZA SUITE 500		Amount of Each Disbursement this Period 195980.00 Transaction ID : SB17.19113
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CROSSROADS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 66 CANAL CENTER PLAZA SUITE 500		Amount of Each Disbursement this Period 170203.00 Transaction ID : SB17.19114
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	383233.86
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 47 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEVIN CRUMB		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 1217.41 Transaction ID : SB17.19122
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. KEVIN CRUMB		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 992.64 Transaction ID : SB17.19122.0 [MEMO ITEM]
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement CRUMB REIMBURSEMENT: MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 350 FAIRVIEW AVE		Amount of Each Disbursement this Period 56.46 Transaction ID : SB17.19122.1 [MEMO ITEM]
City HUDSON	State NY	
Zip Code 12534	Purpose of Disbursement CRUMB REIMBURSEMENT: OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1217.41
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 48 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1002 U.S. 9		Amount of Each Disbursement this Period 13.37
City VALATIE State NY Zip Code 12184	Purpose of Disbursement CRUMB REIMBURSEMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.19122.2 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 5054 STATE HIGHWAY 23		Amount of Each Disbursement this Period 126.62
City ONEONTA State NY Zip Code 13820	Purpose of Disbursement CRUMB REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.19122.3 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 5054 STATE HIGHWAY 23		Amount of Each Disbursement this Period 28.32
City ONEONTA State NY Zip Code 13820	Purpose of Disbursement CRUMB REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.19122.4 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 49 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 1046 KINDERHOOK ST		Amount of Each Disbursement this Period 25.03
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FOOD	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.19609 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CURB		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 5904 RICHMOND HWY SUITE 600		Amount of Each Disbursement this Period 10.63
City ALEXANDRIA State VA Zip Code 22303	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.19562 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DEVOUR CATERING		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 5101 RIVER ROAD #1110		Amount of Each Disbursement this Period 495.30
City BETHESDA State MD Zip Code 20816	Purpose of Disbursement AMEX 10/1 CC PAYMENT: CATERING SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.19559 [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 50 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEVOUR CATERING		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 5101 RIVER ROAD #1110		Amount of Each Disbursement this Period 470.55
City BETHESDA	State MD Zip Code 20816	
Purpose of Disbursement CATERING SERVICES	Category/Type	Transaction ID : SB17.19116
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 36.88
City HUDSON	State NY Zip Code 12534	
Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	Category/Type	Transaction ID : SB17.19614 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2014
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 25.04
City HUDSON	State NY Zip Code 12534	
Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	Category/Type	Transaction ID : SB17.19595 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	470.55
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 51 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. FINAL REWARD TROPHY & IMPRINTABLES

Mailing Address 319 VANDENBURGH PT. RD

City GLOVERSVILLE State NY Zip Code 12078

Purpose of Disbursement AMEX 10/1 CC PAYMENT: PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 29 / 2014

Amount of Each Disbursement this Period: 583.20

Transaction ID : SB17.19604

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HUDSON COFFEE TRADERS, INC

Mailing Address 288 WALL ST

City KINGSTON State NY Zip Code 12401

Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 5.06

Transaction ID : SB17.19575

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. HUDSON VALLEY STRATEGIES

Mailing Address PO BOX 526

City NASSAU State NY Zip Code 12123

Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 07 / 2014

Amount of Each Disbursement this Period: 25480.00

Transaction ID : SB17.19117

SUBTOTAL of Disbursements This Page (optional)..... 25480.00

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 52 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. HUDSON VALLEY STRATEGIES

Mailing Address PO BOX 526

City NASSAU State NY Zip Code 12123

Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2014

Amount of Each Disbursement this Period: 14246.00

Transaction ID : SB17.19118

Category/Type

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

Mailing Address 78 FIFTH AVE

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 30.45

Transaction ID : SB17.19564

[MEMO ITEM]

Category/Type

Full Name (Last, First, Middle Initial)
C. JACK DOYLE'S BAR & RESTAURANT

Mailing Address 240 W 35TH ST

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 15.53

Transaction ID : SB17.19565

[MEMO ITEM]

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 14246.00

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 53 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

A. JETS TRUCK & AUTOBODY

Full Name (Last, First, Middle Initial)
Mailing Address 2532 ROUTE 9H

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 540.23

Transaction ID : SB17.19119

B. MEATH MEDIA GROUP

Full Name (Last, First, Middle Initial)
Mailing Address 441 KINGLE ST, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement PRODUCTION COSTS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 07 / 2014

Amount of Each Disbursement this Period: 45750.00

Transaction ID : SB17.19129

C. MODERN PRESS

Full Name (Last, First, Middle Initial)
Mailing Address 1 COLONIE ST

City ALBANY State NY Zip Code 12207

Purpose of Disbursement AMEX 10/1 CC PAYMENT: PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 10 / 2014

Amount of Each Disbursement this Period: 331.12

Transaction ID : SB17.19588

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 46290.23

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 54 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MTA		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2 BROADWAY		Amount of Each Disbursement this Period 2.75
City NEW YORK	State NY	
Zip Code 10004	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: RAIL	Transaction ID : SB17.19567
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONAL GRID		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address PO BOX 11742		Amount of Each Disbursement this Period 197.52
City NEWARK	State NJ	
Zip Code 07101-4742	Purpose of Disbursement AMEX 10/1 CC PAYMENT: UTILITIES	Transaction ID : SB17.19591
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL GRID		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address PO BOX 11742		Amount of Each Disbursement this Period 209.81
City NEWARK	State NJ	
Zip Code 07101-4742	Purpose of Disbursement UTILITIES	Transaction ID : SB17.19130
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	209.81
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 55 OF 67			
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 448 S HILL ST STE 200			Amount of Each Disbursement this Period 195.60 Transaction ID : SB17.19131
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 448 S HILL ST STE 200			Amount of Each Disbursement this Period 249.17 Transaction ID : SB17.19132
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 448 S HILL ST STE 200			Amount of Each Disbursement this Period 232.79 Transaction ID : SB17.19133
City LOS ANGELES	State CA	Zip Code 90013	
Purpose of Disbursement MERCHANT FEES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	677.56
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 56 OF 67			
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 316.00 Transaction ID : SB17.19134
City LOS ANGELES	State CA Zip Code 90013	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 18.95 Transaction ID : SB17.19135
City LOS ANGELES	State CA Zip Code 90013	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 49.65 Transaction ID : SB17.19136
City LOS ANGELES	State CA Zip Code 90013	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	384.60
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 57 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NYC TAXI		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 33 BEAVER ST		Amount of Each Disbursement this Period 9.00
City NEW YORK	State NY Zip Code 10004	
Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.19568
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PLAZA DINER		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 300 FAIRVIEW AVE		Amount of Each Disbursement this Period 41.77
City HUDSON	State NY Zip Code 12534	
Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.19618
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PUBLIC OPINION STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 214 NORTH FAYETTE ST		Amount of Each Disbursement this Period 9000.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement POLLING		Transaction ID : SB17.19137
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	9000.00
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 58 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 5831.11 Transaction ID : SB17.19147
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SCHUYLER MEADOWS COUNTRY CLUB		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 17 SCHUYLER MEADOWS CLUB RD		Amount of Each Disbursement this Period 2077.34 Transaction ID : SB17.19140
City LOUDONVILLE State NY Zip Code 12211	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 350 FAIRVIEW AVE		Amount of Each Disbursement this Period 42.10 Transaction ID : SB17.19612 [MEMO ITEM]
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 10/1 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7908.45
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 59 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 350 FAIRVIEW AVE		Amount of Each Disbursement this Period 54.06
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 10/1 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.19605 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 09 / 08 / 2014
Mailing Address 350 FAIRVIEW AVE		Amount of Each Disbursement this Period 85.29
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 10/1 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.19592 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 09 / 16 / 2014
Mailing Address 350 FAIRVIEW AVE		Amount of Each Disbursement this Period 26.16
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 10/1 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.19581 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 60 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 15.27
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.19615
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 32.93
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.19616
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 40.13
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.19611
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 61 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 38.80
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.19597
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 40.81
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.19590
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 50.00
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.19589
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 62 OF 67	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 4,000.00 Transaction ID : SB17.19585
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STEWART'S SHOP		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 35.58 Transaction ID : SB17.19583
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRATEGIC ADVANCE SERVICES, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 611 PENNSYLVANIE AVE, SE #267		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.19144
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement TRAVEL	[MEMO ITEM]
Candidate Name	Category/Type	
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).....	4000.00
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 63 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 1002 U.S. 9		Amount of Each Disbursement this Period 77.23
City VALATIE State NY Zip Code 12184	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.19579 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. THE UPS STORE		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 160 FAIRVIEW AVE STE 133		Amount of Each Disbursement this Period 14.26
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 10/1 CC PAYMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.19613 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE UPS STORE		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 160 FAIRVIEW AVE STE 133		Amount of Each Disbursement this Period 14.26
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 10/1 CC PAYMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.19606 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 64 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 160 FAIRVIEW AVE STE 133		Amount of Each Disbursement this Period 12.83
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 10/1 CC PAYMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.19593 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 160 FAIRVIEW AVE STE 133		Amount of Each Disbursement this Period 33.93
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 10/1 CC PAYMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.19586 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 160 FAIRVIEW AVE STE 133		Amount of Each Disbursement this Period 14.81
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 10/1 CC PAYMENT: DELIVERY SERVICES	
Candidate Name		Transaction ID : SB17.19582 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 65 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TRUE VALUE-MARIO'S HOME CENTER INC			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014	
Mailing Address 1057 KINDERHOOK ST			Amount of Each Disbursement this Period 26.97	
City VALATIE	State NY	Zip Code 12184	Transaction ID : SB17.19610	
Purpose of Disbursement AMEX 10/1 CC PAYMENT: OFFICE SUPPLIES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 3 HUDSON ST			Amount of Each Disbursement this Period 49.00	
City KINDERHOOK	State DC	Zip Code 12106	Transaction ID : SB17.19598	
Purpose of Disbursement AMEX 10/1 CC PAYMENT: POSTAGE		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 3 HUDSON ST			Amount of Each Disbursement this Period 100.87	
City KINDERHOOK	State DC	Zip Code 12106	Transaction ID : SB17.19596	
Purpose of Disbursement AMEX 10/1 CC PAYMENT: POSTAGE		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 66 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 3 HUDSON ST		Amount of Each Disbursement this Period 1.82
City KINDERHOOK	State DC	
Zip Code 12106	Purpose of Disbursement AMEX 10/1 CC PAYMENT: POSTAGE	Transaction ID : SB17.19584
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address PO BOX 4830		Amount of Each Disbursement this Period 100.00
City TRENTON	State NJ	
Zip Code 08650	Purpose of Disbursement AMEX 10/1 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.19580
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. VICTORYSTORE.COM		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 5200 30TH ST SW		Amount of Each Disbursement this Period 2095.44
City DAVENPORT	State IA	
Zip Code 52802	Purpose of Disbursement AMEX 10/1 CC PAYMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.19599
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 67 OF 67	
	<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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VICTORYSTORE.COM		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 5200 30TH ST SW		Amount of Each Disbursement this Period 2386.25
City DAVENPORT State IA Zip Code 52802	Purpose of Disbursement AMEX 10/1 CC PAYMENT: PRINTING & DESIGN SERVICES	
Candidate Name		Transaction ID : SB17.19600 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VICTORYSTORE.COM		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 5200 30TH ST SW		Amount of Each Disbursement this Period 3863.75
City DAVENPORT State IA Zip Code 52802	Purpose of Disbursement AMEX 10/1 CC PAYMENT: PRINTING & DESIGN SERVICES	
Candidate Name		Transaction ID : SB17.19601 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. XTRA MART		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 283 USHERS RD		Amount of Each Disbursement this Period 71.17
City CLIFTON PARK State NY Zip Code 12065	Purpose of Disbursement AMEX 10/1 CC PAYMENT: TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.19577 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	514146.14