

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

ADDRESS (number and street)

PO BOX 42

Check if different than previously reported. (ACC)

MANHASSET

NY

11030

2. FEC IDENTIFICATION NUMBER

C C00585463

CITY

STATE

ZIP CODE

STATE DISTRICT

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

NY

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY
07/01/2015 through 09/30/2015

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

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

MM/DD/YYYY
01/27/2016

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

Table with 8 columns and 1 row for Office Use Only.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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))....	131463.00	131463.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	131463.00	131463.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3087.08	3087.08
(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)).....	3087.08	3087.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	128375.92	
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).....	10930.87	

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

GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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).....	119157.50	119157.50
(ii) Unitemized.....	1918.00	1918.00
(iii) TOTAL of contributions from individuals ▶	121075.50	121075.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) The Candidate.....	5387.50	5387.50
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	131463.00	131463.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	131463.00	131463.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3087.08	3087.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3087.08	3087.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	131463.00
25. SUBTOTAL (add Line 23 and Line 24).....	131463.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3087.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	128375.92

**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 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
ERIC BITTELMAN

Mailing Address **28 COUNTRY RIDGE CIRCLE**

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

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

Name of Employer **BLUEMAR CAPITAL MANAGEMENT, LLC** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2016
 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
09 / 21 / 2015

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period
1000.00

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

Mailing Address **6515 SOUTH KINGS HWY**

City **ALEXANDRIA** State **VA** Zip Code **22306**

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

Name of Employer **PROTIVITI** Occupation **BUSINESS EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5412.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period
5387.50

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

Mailing Address **6515 SOUTH KINGS HWY**

City **ALEXANDRIA** State **VA** Zip Code **22306**

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

Name of Employer **PROTIVITI** Occupation **BUSINESS EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2712.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4250.0

Amount of Each Receipt this Period
-2700.00
 SEE REDESIGNATION BELOW
[MEMO ITEM]

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

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

6387.50

**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 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
BETH BOYLE

Mailing Address 6515 SOUTH KINGS HWY

City State Zip Code
ALEXANDRIA VA 22306

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

Name of Employer Occupation
PROTIVITI BUSINESS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5412.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4250.1

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 6515 SOUTH KINGS HWY

City State Zip Code
ALEXANDRIA VA 22306

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

Name of Employer Occupation
PROTIVITI BUSINESS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4250.2

Amount of Each Receipt this Period
-12.50

SEE REATTRIBUTION [SA11D.4408]

[MEMO ITEM]

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

Mailing Address 225 VIA PINADA LANE

City State Zip Code
MARTINEZ CA 94553

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period
2700.00

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

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

2700.00

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

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

FOR LINE NUMBER: PAGE 8 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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

Mailing Address 101 GRANDVIEW AVE.

City State Zip Code
GREAT NECK NY 11020

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

Name of Employer Occupation
SARAH BROWN CATERING CATERER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.4265

Amount of Each Receipt this Period
250.00

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

Mailing Address 150 E. 58TH STREET, 29TH FLOOR

City State Zip Code
NEW YORK NY 10155

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

Name of Employer Occupation
BRANFORD CASTLE PARTNERS INVESTING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
1000.00

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

Mailing Address 29 SMITH FARM RD

City State Zip Code
BEDFORD NY 10506

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

Name of Employer Occupation
JETRO EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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

Mailing Address 302 11TH STREET

City State Zip Code
MANHATTAN BEACH CA 90266

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

Name of Employer Occupation
GOLDMAN, SACHS & COMPANY MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
5400.00

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

Mailing Address 302 11TH STREET

City State Zip Code
MANHATTAN BEACH CA 90266

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

Name of Employer Occupation
GOLDMAN, SACHS & COMPANY MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11AI.4141.0

Amount of Each Receipt this Period
-2700.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

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

Mailing Address 302 11TH STREET

City State Zip Code
MANHATTAN BEACH CA 90266

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

Name of Employer Occupation
GOLDMAN, SACHS & COMPANY MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11AI.4141.1

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) TALLIE DENNIS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2015
Mailing Address 302 11TH STREET		Transaction ID : SA11AI.4159
City MANHATTAN BEACH	State Zip Code CA 90266	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 5400.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) TALLIE DENNIS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2015
Mailing Address 302 11TH STREET		Transaction ID : SA11AI.4159.0
City MANHATTAN BEACH	State Zip Code CA 90266	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	SEE REDESIGNATION BELOW
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) TALLIE DENNIS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2015
Mailing Address 302 11TH STREET		Transaction ID : SA11AI.4159.1
City MANHATTAN BEACH	State Zip Code CA 90266	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	REDESIGNATED
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	5400.00
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 11 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
ADAM DOLDER

Mailing Address **97 EAST ELM STREET**

City **GREENWICH** State **CT** Zip Code **06830**

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

Name of Employer **GREAT POINT PARTNERS** Occupation **INVESTMENT MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
250.00

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

Mailing Address **10363 CRAFTSMAN WAY
UNIT 106**

City **SAN DIEGO** State **CA** Zip Code **92127**

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

Name of Employer **SELF-EMPLOYED** Occupation **MOTIVATIONAL SPEAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
500.00

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

Mailing Address **160 E 65TH ST 28F**

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

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

Name of Employer **RETHINK AUTISM, INC** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 12 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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

Mailing Address **21 BARKERS POINT ROAD**

City **SANDS POINT** State **NY** Zip Code **11050**

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

Name of Employer **SELF** Occupation **FINANCIAL MARKETS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period
 1000.00

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

Mailing Address **321 MELBOURNE ROAD**

City **GREAT NECK** State **NY** Zip Code **11021**

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

Name of Employer **COOLEY LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
 360.00

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

Mailing Address **59 VALLEY VIEW ROAD**

City **GREAT NECK** State **NY** Zip Code **11021**

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

Name of Employer **NORTH SHORE AGENCY, LLC** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period
 2700.00

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

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

4060.00

**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 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN GORUP

Mailing Address 3325 HAMILTON ST

City State Zip Code
WEST LAFAYETTE IN 47906

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

Name of Employer Occupation
JOHN GORUP PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period
5400.00

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

Mailing Address 3325 HAMILTON ST

City State Zip Code
WEST LAFAYETTE IN 47906

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

Name of Employer Occupation
JOHN GORUP PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4204.0

Amount of Each Receipt this Period
-2700.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

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

Mailing Address 3325 HAMILTON ST

City State Zip Code
WEST LAFAYETTE IN 47906

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

Name of Employer Occupation
JOHN GORUP PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4204.1

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) VIVIEN GURFEIN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2015	
Mailing Address 2 FAIRWAY DR		Transaction ID : SA11AI.4182	
City MANHASSET	State NY	Zip Code 11030	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 5400.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5400.00		

Full Name (Last, First, Middle Initial) VIVIEN GURFEIN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2015	
Mailing Address 2 FAIRWAY DR		Transaction ID : SA11AI.4182.0	
City MANHASSET	State NY	Zip Code 11030	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ -2700.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

SEE REDESIGNATION BELOW
[MEMO ITEM]

Full Name (Last, First, Middle Initial) VIVIEN GURFEIN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2015	
Mailing Address 2 FAIRWAY DR		Transaction ID : SA11AI.4182.1	
City MANHASSET	State NY	Zip Code 11030	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 2700.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5400.00		

REDESIGNATED
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	_____ 5400.00
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 15 OF 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) A. RICH HEROLD		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2015	
Mailing Address 1604 VILLAGE TRL		Transaction ID : SA11AI.4151	
City KELLER	State TX	Zip Code 76248	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer IBM	Occupation BUSINESS UNIT EXECUTIVE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. ERON KELLY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2015	
Mailing Address 1207 289TH AVE NE		Transaction ID : SA11AI.4226	
City CARNATION	State WA	Zip Code 98014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00	
Name of Employer MICROSOFT	Occupation SALES LEADER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) C. ERON KELLY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2015	
Mailing Address 1207 289TH AVE NE		Transaction ID : SA11AI.4226.0	
City CARNATION	State WA	Zip Code 98014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00	
Name of Employer MICROSOFT	Occupation SALES LEADER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

SUBTOTAL of Receipts This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
ERON KELLY

Mailing Address 1207 289TH AVE NE

City CARNATION State WA Zip Code 98014

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

Name of Employer MICROSOFT Occupation SALES LEADER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4226.1

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 212 WEST 18TH STREET
APT 15D

City NEW YORK State NY Zip Code 10011

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

Name of Employer WARBURG PINCUS Occupation PRIVATE EQUITY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4296

Amount of Each Receipt this Period
5400.00

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

Mailing Address 212 WEST 18TH STREET
APT 15D

City NEW YORK State NY Zip Code 10011

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

Name of Employer WARBURG PINCUS Occupation PRIVATE EQUITY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.4296.0

Amount of Each Receipt this Period
-2700.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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

Mailing Address **212 WEST 18TH STREET**
APT 15D

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

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

Name of Employer **WARBURG PINCUS** Occupation **PRIVATE EQUITY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.4296.1

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address **1422 EUCLID AVE. #1104**

City **CLEVELAND** State **OH** Zip Code **44115**

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

Name of Employer **KRUPA & CO.** Occupation **CPA**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period
250.00

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

Mailing Address **191 RIVER RIDGE LANE**

City **AFTON** State **VA** Zip Code **22920**

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

Name of Employer **MOSAIC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period
500.00

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: PAGE 18 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
MIKE LEELOU

Mailing Address 32 SHORT DRIVE

City State Zip Code
MANHASSET NY 11030

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

Name of Employer Occupation
THE MOVIRI GROUP EVP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
250.00

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

Mailing Address 320 EAST 72ND STREET
APT 4C

City State Zip Code
NEW YORK NY 10021

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

Name of Employer Occupation
MORRISON COHEN LLP LAWYER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period
250.00

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

Mailing Address 77 JANE STREET
APT 1

City State Zip Code
NEW YORK NY 10014

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

Name of Employer Occupation
GOLDMAN SACHS PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
5400.00

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

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

5900.00

**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 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) KYRIACOS LOUPIS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 77 JANE STREET APT 1		Transaction ID : SA11AI.4137.0	
City NEW YORK	State NY	Zip Code 10014	Amount of Each Receipt this Period -2700.00 SEE REDESIGNATION BELOW [MEMO ITEM]
FEC ID number of contributing federal political committee. C			
Name of Employer GOLDMAN SACHS	Occupation PORTFOLIO MANAGER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) KYRIACOS LOUPIS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 77 JANE STREET APT 1		Transaction ID : SA11AI.4137.1	
City NEW YORK	State NY	Zip Code 10014	Amount of Each Receipt this Period 2700.00 REDESIGNATED [MEMO ITEM]
FEC ID number of contributing federal political committee. C			
Name of Employer GOLDMAN SACHS	Occupation PORTFOLIO MANAGER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) GINA MARCHESE-DELEONARDIS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2015	
Mailing Address 50 AVENUE B		Transaction ID : SA11AI.4230	
City PORT WASHINGTON	State NY	Zip Code 11059	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MMS,A MEDICAL SUPPLY COMPANY	Occupation SENIOR VICE PRESIDENT,SALES&MARKET		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
KENNETH MASTERS

Mailing Address 301 MACALLA

City State Zip Code
SAN FRANCISCO CA 94130

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

Name of Employer Occupation
LATERAL INVESTMENT MANAGEMENT INVESTING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
2000.00

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

Mailing Address 11 OLD KATONAH DR

City State Zip Code
KATONAH NY 10536

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

Name of Employer Occupation
ICBC FS FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
500.00

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

Mailing Address 9 CORTLAND COURT

City State Zip Code
HUNTINGTON STATION NY 11746

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

Name of Employer Occupation
LYNX MORTGAGE BANK LLC MORTGAGE BANKING

Receipt For: 2016
 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
 09 / 24 / 2015

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) JENNY NIEDERHOFFER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2015	
Mailing Address 40 RIVERSIDE DRIVE		Transaction ID : SA11AI.4186	
City NEW YORK	State NY	Zip Code 10023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) JENNY NIEDERHOFFER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2015	
Mailing Address 40 RIVERSIDE DRIVE		Transaction ID : SA11AI.4186.0	
City NEW YORK	State NY	Zip Code 10023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

SEE REDESIGNATION BELOW
[MEMO ITEM]

Full Name (Last, First, Middle Initial) JENNY NIEDERHOFFER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2015	
Mailing Address 40 RIVERSIDE DRIVE		Transaction ID : SA11AI.4186.1	
City NEW YORK	State NY	Zip Code 10023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

REDESIGNATED
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	5400.00

**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 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROY NIEDERHOFFER

Mailing Address 1700 BROADWAY
FL 39

City NEW YORK State NY Zip Code 10019

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

Name of Employer R G NIEDERHOFFER Occupation FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period
 5400.00

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

Mailing Address 1700 BROADWAY
FL 39

City NEW YORK State NY Zip Code 10019

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

Name of Employer R G NIEDERHOFFER Occupation FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : SA11AI.4256.0

Amount of Each Receipt this Period
 -2700.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

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

Mailing Address 1700 BROADWAY
FL 39

City NEW YORK State NY Zip Code 10019

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

Name of Employer R G NIEDERHOFFER Occupation FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : SA11AI.4256.1

Amount of Each Receipt this Period
 2700.00

REDESIGNATED

[MEMO ITEM]

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
DARREN PIROZZI

Mailing Address 413 ENCLAVE CIRCLE
#306

City COSTA MESA State CA Zip Code 92626

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

Name of Employer RIZIO AND NELSON Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period
2700.00

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

Mailing Address 1458 RIDGE HILL RD

City SYOSSET State NY Zip Code 11791

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

Name of Employer GOLD CAST RESTAURANT CORP Occupation RESTAURATEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
3000.00

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

Mailing Address 1458 RIDGE HILL RD

City SYOSSET State NY Zip Code 11791

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

Name of Employer GOLD CAST RESTAURANT CORP Occupation RESTAURATEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4130.0

Amount of Each Receipt this Period
-2300.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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

Mailing Address 1458 RIDGE HILL RD

City SYOSSET State NY Zip Code 11791

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

Name of Employer GOLD CAST RESTAURANT CORP Occupation RESTAURATEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4130.1

Amount of Each Receipt this Period
2300.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 1458 RIDGE HILL RD

City SYOSSET State NY Zip Code 11791

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

Name of Employer GOLD CAST RESTAURANT CORP Occupation RESTAURATEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
2000.00

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

Mailing Address 306 GATCOMBE LANE

City BRYN MAWR State PA Zip Code 19010

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

Name of Employer MEDIDATA Occupation MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2015

Transaction ID : SA11AI.4222

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 25 OF 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) A. WALTER REISSMAN		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 13 ZABRISKIE TERR		Transaction ID : SA11AI.4194	
City MONSEY	State NY	Zip Code 10952	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00	
Name of Employer SELF-EMPLOYED	Occupation PRIVATE INVESTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00		

Full Name (Last, First, Middle Initial) B. RICHARD ROFE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2015	
Mailing Address 54 MEADOW WOODS RD		Transaction ID : SA11AI.4155	
City GREAT NECK	State NY	Zip Code 11020	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SEAMAX AMERICA, LLC	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. RICHARD ROFE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 54 MEADOW WOODS RD		Transaction ID : SA11AI.4176	
City GREAT NECK	State NY	Zip Code 11020	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer SEAMAX AMERICA, LLC	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	2760.00
TOTAL This Period (last page this line number only).....	2760.00

**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 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) DAVID ROLLINS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 17 MORNINGSIDE DR		Transaction ID : SA11AI.4167	
City LACONIA	State NH	Zip Code 03246	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00	
Name of Employer NH DEPT OF HEALTH & HUMAN SERV	Occupation INFORMATION SECURITY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) DAVID ROLLINS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 17 MORNINGSIDE DR		Transaction ID : SA11AI.4167.0	
City LACONIA	State NH	Zip Code 03246	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2700.00	
Name of Employer NH DEPT OF HEALTH & HUMAN SERV	Occupation INFORMATION SECURITY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
SEE REDESIGNATION BELOW [MEMO ITEM]			

Full Name (Last, First, Middle Initial) DAVID ROLLINS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 17 MORNINGSIDE DR		Transaction ID : SA11AI.4167.1	
City LACONIA	State NH	Zip Code 03246	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer NH DEPT OF HEALTH & HUMAN SERV	Occupation INFORMATION SECURITY		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
REDESIGNATED [MEMO ITEM]			

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	5400.00

**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 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) A. GRACE ROLLINS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 17 MORNINGSIDE DR		Transaction ID : SA11AI.4169	
City LACONIA	State NH	Zip Code 03246	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 5400.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) B. GRACE ROLLINS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 17 MORNINGSIDE DR		Transaction ID : SA11AI.4169.0	
City LACONIA	State NH	Zip Code 03246	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period -2700.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

SEE REDESIGNATION BELOW
[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. GRACE ROLLINS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2015	
Mailing Address 17 MORNINGSIDE DR		Transaction ID : SA11AI.4169.1	
City LACONIA	State NH	Zip Code 03246	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

REDESIGNATED
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	5400.00

**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 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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

Mailing Address 16021 WINTERBROOK RD

City State Zip Code
LOS GATOS CA 95032

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

Name of Employer Occupation
JUICERO CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2015

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
250.00

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

Mailing Address 1 RED RIDGE CIR

City State Zip Code
SOUTH BARRINGTON IL 60010

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

Name of Employer Occupation
ZURICH NA EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period
2000.00

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

Mailing Address 30 WEST 63RD STREET
APT 28D

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
CAPITAL GROUP ANALYST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
1000.00

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 29 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
HENRY STOEVER

Mailing Address 9517 SINGLETON DR

City State Zip Code
BETHESDA MD 20817

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

Name of Employer Occupation
NATIONAL ASSOCIATION OF CORPORATE D MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3520 RANCHERO RD

City State Zip Code
PLANO TX 75093

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period
 5400.00

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

Mailing Address 3520 RANCHERO RD

City State Zip Code
PLANO TX 75093

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4179.0

Amount of Each Receipt this Period
 -2700.00
 SEE REDESIGNATION BELOW
[MEMO ITEM]

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

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

5900.00

**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 41			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANNE TAYLOR

Mailing Address 3520 RANCHERO RD

City PLANO State TX Zip Code 75093

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11AI.4179.1

Amount of Each Receipt this Period
2700.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 3520 RANCHERO RD

City PLANO State TX Zip Code 75093

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

Name of Employer **CHURCHILL CAPITAL COMPANY** Occupation **BUSINESSMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
5400.00

SEE REDESIGNATION BELOW

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

Mailing Address 3520 RANCHERO RD

City PLANO State TX Zip Code 75093

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

Name of Employer **CHURCHILL CAPITAL COMPANY** Occupation **BUSINESSMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SA11AI.4116.0

Amount of Each Receipt this Period
-2700.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

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

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

5400.00

**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 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
NICHOLAS TAYLOR

Mailing Address 3520 RANCHERO RD

City PLANO State TX Zip Code 75093

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

Name of Employer CHURCHILL CAPITAL COMPANY Occupation BUSINESSMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.4116.1

Amount of Each Receipt this Period
 2700.00

REDESIGNATED

[MEMO ITEM]

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

Mailing Address 9 KNOLLS LANE

City MANHASSET State NY Zip Code 11030

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

Name of Employer JT88 HOLDINGS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
 250.00

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

Mailing Address 995 ORION CT

City MERRICK State NY Zip Code 11566

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

Name of Employer CRESCENDO COMMUNICATIONS LLC Occupation INVESTOR RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
 1000.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 32 OF 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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

Mailing Address P.O. BOX 531322

City Henderson State NV Zip Code 89053

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

Name of Employer SELF Occupation SERVICES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2150 BROADWAY PH6B

City New York State NY Zip Code 10023

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

Name of Employer GOLDMAN SACHS Occupation FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
 1800.00

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

Mailing Address 2414 WEBSTER STREET

City San Francisco State CA Zip Code 94115

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period
 1000.00

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
RAPHAEL WONG

Mailing Address **82 TOBIN AVENUE**

City **GREAT NECK** State **NY** Zip Code **11021**

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

Name of Employer **FDIC** Occupation **ANALYST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
 1000.00

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

Mailing Address **1067 AMARILLO AVENUE**

City **PALO ALTO** State **CA** Zip Code **94303**

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

Name of Employer **GREYLOCK MANAGEMENT CORPORATION** Occupation **WRITER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
 500.00

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).....

1500.00

119157.50

**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 41
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
SSL POLITICAL ACTION COMMITTEE

Mailing Address 180 MAIDEN LANE

City NEW YORK State NY Zip Code 10038

FEC ID number of contributing federal political committee. **C** C00297184

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.4102

Amount of Each Receipt this Period
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D 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).....

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 41
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

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

Mailing Address **PO BOX 42**

City **MANHASSET** State **NY** Zip Code **11030**

FEC ID number of contributing federal political committee. **C H6NY03171**

Name of Employer **SEAMAX AMERICA** Occupation **BOARD MEMBER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5387.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : SA11D.4397

Amount of Each Receipt this Period

5	3	8	7	.	5	0
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SEE REDESIGNATION BELOW

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

Mailing Address **PO BOX 42**

City **MANHASSET** State **NY** Zip Code **11030**

FEC ID number of contributing federal political committee. **C H6NY03171**

Name of Employer **SEAMAX AMERICA** Occupation **BOARD MEMBER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : SA11D.4397.0

Amount of Each Receipt this Period

-	2	6	8	.	7	5	0
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SEE REDESIGNATION BELOW

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. DAVID GURFEIN

Mailing Address **PO BOX 42**

City **MANHASSET** State **NY** Zip Code **11030**

FEC ID number of contributing federal political committee. **C H6NY03171**

Name of Employer **SEAMAX AMERICA** Occupation **BOARD MEMBER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5387.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : SA11D.4397.1

Amount of Each Receipt this Period

2	6	8	.	7	5	0
---	---	---	---	---	---	---

REDESIGNATED

[MEMO ITEM]

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

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

5	3	8	7	.	5	0
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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) Mr. DAVID GURFEIN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address PO BOX 42		Transaction ID : SA11D.4408	
City MANHASSET	State NY	Zip Code 11030	Amount of Each Receipt this Period 12.50 REATTRIBUTED: SEE REDESIGNATION BELOW [MEMO ITEM]
FEC ID number of contributing federal political committee. C H6NY03171			
Name of Employer SEAMAX AMERICA	Occupation BOARD MEMBER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) Mr. DAVID GURFEIN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address PO BOX 42		Transaction ID : SA11D.4409	
City MANHASSET	State NY	Zip Code 11030	Amount of Each Receipt this Period -12.50 SEE REDESIGNATION BELOW [MEMO ITEM]
FEC ID number of contributing federal political committee. C H6NY03171			
Name of Employer SEAMAX AMERICA	Occupation BOARD MEMBER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5387.50	

Full Name (Last, First, Middle Initial) Mr. DAVID GURFEIN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address PO BOX 42		Transaction ID : SA11D.4410	
City MANHASSET	State NY	Zip Code 11030	Amount of Each Receipt this Period 12.50 REDESIGNATED [MEMO ITEM]
FEC ID number of contributing federal political committee. C H6NY03171			
Name of Employer SEAMAX AMERICA	Occupation BOARD MEMBER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	5387.50

**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 37 OF 41			
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 257.20 Transaction ID : SB17.4384
City BEVERLY State MA Zip Code 01915	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 433.08 Transaction ID : SB17.4385
City BEVERLY State MA Zip Code 01915	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 324.08 Transaction ID : SB17.4386
City BEVERLY State MA Zip Code 01915	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1014.36
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 38 OF 41
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. APEX

Mailing Address 138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Disbursement this Period
0.08

Transaction ID : SB17.4387

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

Mailing Address 138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Disbursement this Period
40.00

Transaction ID : SB17.4388

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

Mailing Address 138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 22 / 2015

Amount of Each Disbursement this Period
8.00

Transaction ID : SB17.4389

SUBTOTAL of Disbursements This Page (optional) 48.08

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 39 OF 41		
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 888.04 Transaction ID : SB17.4390
City BEVERLY State MA Zip Code 01915	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 64.40 Transaction ID : SB17.4391
City BEVERLY State MA Zip Code 01915	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4392
City BEVERLY State MA Zip Code 01915	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	802.44
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 40 OF 41			
	<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)
GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial) A. APEX			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015		
Mailing Address 138 CONANT STREET			Amount of Each Disbursement this Period 67.00		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4393		
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. APEX			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015		
Mailing Address 138 CONANT STREET			Amount of Each Disbursement this Period 110.00		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4394		
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. APEX			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015		
Mailing Address 138 CONANT STREET			Amount of Each Disbursement this Period 1005.00		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.4395		
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1182.00
TOTAL This Period (last page this line number only).....	3046.88

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

GURFEIN FOR AMERICA EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr. DAVID GURFEIN

Mailing Address PO BOX 42

City State Zip Code
 MANHASSET NY 11030

Nature of Debt (Purpose):
 REIMBURSEMENTS

Outstanding Balance Beginning This Period **Transaction ID : SD10.4414**

0.00

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

10930.87 0.00 10930.87

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	10930.87
2) TOTALS This Period (last page this line number only)	10930.87
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	10930.87