

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Friends of Nan Hayworth

ADDRESS (number and street)

P.O. Box 188

Check if different than previously reported. (ACC)

Carmel

NY

10512

2. **FEC IDENTIFICATION NUMBER**

C C00466490

CITY

STATE

ZIP CODE

STATE DISTRICT

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

NY

18

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

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

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

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /  through  /  /

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

Type or Print Name of Treasurer Kevin Jahns

Signature of Treasurer Kevin Jahns

[Electronically Filed]

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Nan Hayworth**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	581667.85	2680238.76
(b) Total Contribution Refunds (from Line 20(d)) .....	11564.00	28635.90
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	570103.85	2651602.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1267071.56	2042515.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	500.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1267071.56	2042015.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	785487.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	500000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Nan Hayworth**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

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).....	286465.00	1305281.07
(ii) Unitemized.....	32223.27	95157.00
(iii) TOTAL of contributions from individuals ▶	318688.27	1400438.07
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	262979.58	1274800.69
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	581667.85	2680238.76
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	3115.38	86441.48
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	500.40
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	413.97	1734.66
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	585197.20	2768915.30

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1267071.56	2042515.54
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 .....	11564.00	28409.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	226.90
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	11564.00	28635.90
21. OTHER DISBURSEMENTS .....	0.00	15000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1278635.56	2086151.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1478925.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	585197.20
25. SUBTOTAL (add Line 23 and Line 24).....	2064122.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1278635.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	785487.02

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

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

FOR LINE NUMBER: PAGE 5 OF 306  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JOSHUA AARON**  
 Mailing Address 104 SMITH AVE  
 City KINGSTON State NY Zip Code 12401-3912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAWHORSE LUMBER & MORE Occupation MANAGER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012  
**Transaction ID : SA11.6398**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JUDITH B. ABEL**  
 Mailing Address 200 DIPLOMAT DRIVE, #5K  
 City MOUNT KISCO State NY Zip Code 10549-2037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. LUKE'S EPISCOPAL, SOMERS Occupation CHURCH ORGANIST  
 Receipt For: 2012  
 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 / 2012  
**Transaction ID : SA11.7085**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JUDITH B. ABEL**  
 Mailing Address 200 DIPLOMAT DRIVE, #5K  
 City MOUNT KISCO State NY Zip Code 10549-2037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. LUKE'S EPISCOPAL, SOMERS Occupation CHURCH ORGANIST  
 Receipt For: 2012  
 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 / 2012  
**Transaction ID : SA11.7136**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

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

2575.00

**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address **103 S. BEDFORD ROAD**

City **MT. KISCO** State **NY** Zip Code **10599**

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

Name of Employer **WESTCHESTER DENTAL** Occupation **DENTIST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6841**

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

**B.** Full Name (Last, First, Middle Initial)  
**JOHN M. ABRAHAMS**

Mailing Address **12 SULGRAVE ROAD**

City **SCARSDALE** State **NY** Zip Code **10583-4711**

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

Name of Employer **BRAIN & SPINE SURGEONS OF NEW YORK** Occupation **NEUROSURGEON**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7043**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH S. ABRAMOWITZ**

Mailing Address **P.O. BOX 958**

City **SOUTHPORT** State **CT** Zip Code **06890-0958**

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

Name of Employer **NGN CAPITAL** Occupation **ANALYST**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7144**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**4000.00**

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

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

FOR LINE NUMBER: PAGE 7 OF 306  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MARY ADAMS**

Mailing Address **243 RIVERSIDE DRIVE**

City **NEW YORK** State **NY** Zip Code **10025-6137**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6870**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY ADAMS**

Mailing Address **243 RIVERSIDE DRIVE**

City **NEW YORK** State **NY** Zip Code **10025-6137**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7051**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARY ADAMS**

Mailing Address **243 RIVERSIDE DRIVE**

City **NEW YORK** State **NY** Zip Code **10025-6137**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2012**

**Transaction ID : SA11.7305**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

**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: PAGE 8 OF 306  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL M. ALBERT**

Mailing Address 135 MAIN STREET

City SOUTH SALEM State NY Zip Code 10590-1209

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

Name of Employer ALBERT INVESTMENTS Occupation CHAIRMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2012

**Transaction ID : SA11.6576**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL M. ALBERT**

Mailing Address 135 MAIN STREET

City SOUTH SALEM State NY Zip Code 10590-1209

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

Name of Employer ALBERT INVESTMENTS Occupation CHAIRMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2012

**Transaction ID : SA11.6803**

Amount of Each Receipt this Period  
 600.00  
 CONTRIBUTION

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

Mailing Address 28 PINEVIEW DRIVE

City BREWSTER State NY Zip Code 10509-2653

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

Name of Employer NEW YORK MEDICAL COLLEGE Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1585.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : SA11.6525**

Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

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

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

725.00



**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 12 PADDINGTON RD.

City BRONXVILLE State NY Zip Code 10708-2414

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

Name of Employer PARACO GAS CORP. Occupation CEO

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.6933**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 5 APPLE MILL LANE

City NORTH SALEM State NY Zip Code 10560-1053

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

Name of Employer TOTAL ENERGY CORP. Occupation ENERGY EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7216**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN J. ATHERTON**

Mailing Address 16 COACHLIGHT DRIVE

City POUGHKEEPSIE State NY Zip Code 12603-4241

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
760.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.6590**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

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

1700.00

**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN J. ATHERTON**

Mailing Address **16 COACHLIGHT DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-4241**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**760.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6941**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SHAWN L. AUCHMOODY**

Mailing Address **11 ROBINSON LANE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-6315**

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

Name of Employer **A.S.O. LIMOUSINE SERVICE, INC.** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 06 / 2012**

**Transaction ID : SA11.6610**

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

**C.** Full Name (Last, First, Middle Initial)  
**SHAWN L. AUCHMOODY**

Mailing Address **11 ROBINSON LANE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-6315**

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

Name of Employer **A.S.O. LIMOUSINE SERVICE, INC.** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11.6673**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 11 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address **P.O. BOX 634**

City **MILLWOOD** State **NY** Zip Code **10546-0634**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 05 / 2012**

**Transaction ID : SA11.6007**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LINDA S. BAUER**

Mailing Address **89 VAN WAGNER ROAD**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-1629**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 24 / 2012**

**Transaction ID : SA11.6520**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HUGO BENCOMO**

Mailing Address **24 MOUNTAIN VIEW TER**

City **WALDEN** State **NY** Zip Code **12586-2406**

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

Name of Employer **THE ROCKER INC.** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : SA11.6298**

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

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

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

**1800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL C. BENTON**

Mailing Address P.O. BOX 818

City State Zip Code  
KATONAH NY 10536-0818

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

Name of Employer Occupation  
ANDOR CAPITAL MANAGEMENT CHAIRMAN & CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SA11.6916**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NANCY R. BERAN**

Mailing Address 30 OLD ROARING BROOK ROAD

City State Zip Code  
MOUNT KISCO NY 10549-3714

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

Name of Employer Occupation  
WESTCHESTER HEALTH ASSOCIATES PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 30 / 2012

**Transaction ID : SA11.7291**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID J. BERCK**

Mailing Address 16 ALTA LANE

City State Zip Code  
CHAPPAQUA NY 10514-2902

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 12 / 2012

**Transaction ID : SA11.6401**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

6000.00

**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**HOWARD BERK**

Mailing Address **9 REIMER ROAD**

City **SCARSDALE** State **NY** Zip Code **10583-2805**

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

Name of Employer **MSD CAPITAL.COM** Occupation **PARTNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 24 / 2012**

**Transaction ID : SA11.6805**

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

**B.** Full Name (Last, First, Middle Initial)  
**NANCY P. BERNSTEIN**

Mailing Address **19 AVONDALE ROAD**

City **WEST HARTFORD** State **CT** Zip Code **06117-1108**

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

Name of Employer **WOMEN'S HEALTH USA** Occupation **HEALTH CARE EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 26 / 2012**

**Transaction ID : SA11.6531**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CATHERINE BIDDLE**

Mailing Address **53 ELMWOOD ROAD**

City **SOUTH SALEM** State **NY** Zip Code **10590-1918**

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

Name of Employer **N/A** Occupation **NONE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 08 / 2012**

**Transaction ID : SA11.6636**

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

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

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

**2250.00**

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

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

FOR LINE NUMBER: PAGE 14 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARTIN J. BIENENSTOCK**  
 Mailing Address 514 MT. HOLLY RD.  
 City KATONAH State NY Zip Code 10536-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATTORNEY Occupation PROSKANER ROSE LLP  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11.6787**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION  
 REATTRIBUTION REQUESTED FOR OVER LIMIT CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JANICE BILLINGSLEY**  
 Mailing Address 6 RAMPART PASS BOX 432  
 City WACCABUC State NY Zip Code 10597-1017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation WRITER  
 Receipt For: 2012  
 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 / 2012  
**Transaction ID : SA11.7127**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT BILSE**  
 Mailing Address P.O. BOX 502  
 City BERNARDSVILLE State NJ Zip Code 07924-0502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BROOKFIELD Occupation VP  
 Receipt For: 2012  
 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 / 2012  
**Transaction ID : SA11.7030**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**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 15 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address P.O. BOX 244

City State Zip Code  
BREWSTER NY 10509-0244

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

Name of Employer Occupation  
HAWKINS AND ASSOCIATES ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

**Transaction ID : SA11.6609**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PEGGY S. BIRNEY**

Mailing Address 4 WILLOW LAKE DRIVE

City State Zip Code  
FISHKILL NY 12524-2952

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SA11.6714**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JUNE BLANC**

Mailing Address 340 ARMONK ROAD

City State Zip Code  
MOUNT KISCO NY 10549-4615

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

Name of Employer Occupation  
N/A UNEMPLOYED

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7186**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**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 16 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**ELEANOR CRAWFORD BLITZER**

Mailing Address 1248 SHADOW LANE

City State Zip Code  
FT. MYERS FL 33901-7733

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

Name of Employer Occupation  
PHYSICIANS PRIMARY CARE PEDIATRICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11.7006**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETER BLITZER**

Mailing Address 1248 SHADOW LANE

City State Zip Code  
FORT MYERS FL 33901-7733

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11.7000**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEREMIAH M. BOGERT**

Mailing Address 56 DAVIDS HILL ROAD

City State Zip Code  
BEDFORD HILLS NY 10507-2520

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

Name of Employer Occupation  
SILVERCREST ASSET MANAGEMENT INVESTMENT COUNSELOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA11.7217**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 17 OF 306

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MARGOT C. BOGERT**  
 Mailing Address 56 DAVIDS HILL ROAD  
 City State Zip Code  
 BEDFORD HILLS NY 10507-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A HOMEMAKER  
 Receipt For: 2012  
 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 2012  
**Transaction ID : SA11.7220**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MATTHEW J. BONANNO**  
 Mailing Address 215 EAST 77TH STREET  
 City State Zip Code  
 NY NY 10075-2059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BONANNO PLASTIC SURGERY PHYSICIAN  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 03 2012  
**Transaction ID : SA11.5937**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PHILIP C. BONANNO**  
 Mailing Address 47 HAIGHTS CROSS ROAD  
 City State Zip Code  
 CHAPPAQUA NY 10514-2906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 24 2012  
**Transaction ID : SA11.6802**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 18 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>BRUCE BOND</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2012
Mailing Address 44 BUTLER HILL ROAD		<b>Transaction ID : SA11.6572</b>
City SOMERS	State NY Zip Code 10589-2405	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer GARTNER	Occupation BUSINESS EXECUTIVE	
Receipt For: 2012 <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>BRUCE BOND</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address 44 BUTLER HILL ROAD		<b>Transaction ID : SA11.7205</b>
City SOMERS	State NY Zip Code 10589-2405	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer GARTNER	Occupation BUSINESS EXECUTIVE	
Receipt For: 2012 <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>DAVID BONDERMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address 301 COMMERCE STREET, STE 3300		<b>Transaction ID : SA11.7239</b>
City FORT WORTH	State TX Zip Code 76102-4133	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer TPG CAPITAL	Occupation PARTNER	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH A. BOSCO III M.D.**

Mailing Address **67 HAVEMEYER RD**

City **IRVINGTON** State **NY** Zip Code **10533-2642**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11.5982**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRIAN BOTTINI**

Mailing Address **24 KRIS KORNER DR.**

City **MARLBORO** State **NY** Zip Code **12542-5805**

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

Name of Employer **BOTTINI FUEL GROUP** Occupation **PRESIDENT**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.6931**

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

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

Mailing Address **82 EAST RIDGE ROAD**

City **WACCABUC** State **NY** Zip Code **10597-1201**

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

Name of Employer **EAST RIDGE INVESTMENTS, LLC** Occupation **INVESTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6843**

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

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

**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN W. BRAUNSTEIN M.D.**

Mailing Address 7316 KENNEDY BLVD

City NORTH BERGEN State NJ Zip Code 07047-4035

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

Name of Employer BRAUNSTEIN EYE ASSOCIATES Occupation OPHTHALMOLOGIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11.6018**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 1775 CHAPARRAL

City CARSON CITY State NV Zip Code 89703-7427

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

Name of Employer CARSON MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7078**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 805 59TH STREET

City WEST DES MOINES State IA Zip Code 50266-7518

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

Name of Employer THE IOWA CLINIC, P.C. Occupation C.E.O.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11.5934**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 21 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 49 COMMODORE ROAD

City CHAPPAQUA State NY Zip Code 10514-2609

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

Name of Employer MKMG Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6896**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD P. BROWNELL**

Mailing Address 5 WHITE OAK LANE

City CHAPPAQUA State NY Zip Code 10514-1808

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

Name of Employer ZAREMBA, BROWNELL & BROWN, PLLC Occupation ATTORNEY

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.6930**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WHITNEY BULLOCK**

Mailing Address 1440 S. OCEAN BLVD., #3B

City POMPAÑO BEACH State FL Zip Code 33062-7368

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7187**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**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 22 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 107 SPINNAKER LANE

City State Zip Code  
JUPITER FL 33477-4003

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

Name of Employer Occupation  
OB/GYN SPECIALISTS PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : SA11.6279**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

REFUNDED \$250.00 ON 07/17/2012

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

Mailing Address 200 MAIN ST

City State Zip Code  
RIDGEFIELD CT 06877-4931

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

Name of Employer Occupation  
UBE MD EQUITY SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

**Transaction ID : SA11.6854**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARK CALABRIA**

Mailing Address 1756 WILLARD ST., NW

City State Zip Code  
WASHINGTON DC 20009-1719

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

Name of Employer Occupation  
CATO INSTITUTE POLICY ANALYST

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7062**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**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 23 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>LAUREN J. CARDULLO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 13 WHIPPOORWILL ROAD		<b>Transaction ID : SA11.7090</b>
City ARMONK	State NY	Zip Code 10504-1327
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2012 <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>ELIZABETH CARLTON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2012
Mailing Address 65 SEMINARY ROAD		<b>Transaction ID : SA11.6812</b>
City BEDFORD	State NY	Zip Code 10506-1227
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2012 <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>RAYMOND J. CARNAHAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2012
Mailing Address 499 VERBANK ROAD		<b>Transaction ID : SA11.6738</b>
City MILLBROOK	State NY	Zip Code 12545-6023
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 855 OLD KITCHAWAN ROAD

City OSSINING State NY Zip Code 10562-1401

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : SA11.6403**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EVA CHALAS**

Mailing Address 10 PRESTON LANE

City SETAUKET State NY Zip Code 11733-3209

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

Name of Employer WINTHROP UNIVERSITY HOSPITAL Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6970**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL F. CHAPPELL**

Mailing Address 5400 MACOMB ST., NW

City WASHINGTON State DC Zip Code 20016-5307

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

Name of Employer FIERCE, ISAKOWITZ & BLALOCK Occupation PARTNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : SA11.6296**

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

**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 25 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**DOMINICK CHIARIERI**

Mailing Address **676A HERITAGE HILLS**

City **SOMERS** State **NY** Zip Code **10589-1972**

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

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

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7185**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STACEY CLEVELAND**

Mailing Address **326 PINE BROOK ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1618**

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

Name of Employer **EMERGENCY MEDICINE FOR MOMS** Occupation **PHYSICIAN ASSISTANT**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7214**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **2707 YORK CT.**

City **SOUTHLAKE** State **TX** Zip Code **76092-8871**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 11 / 2012**

**Transaction ID : SA11.6669**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

REATTRIBUTION REQUESTED FOR OVER LIMIT CONTRIBUTION

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

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

**2250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 1500 CHESTNUT STREET, #20H

City PHILADELPHIA	State PA	Zip Code 19102-2747
----------------------	-------------	------------------------

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

Name of Employer NESTGEN HEALTHCARE	Occupation SALES EXECUTIVE
--	-------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.6991**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROY C. COFFEE, III**

Mailing Address 770 5TH ST., NW, APT. 1002

City WASHINGTON	State DC	Zip Code 20001-2670
--------------------	-------------	------------------------

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

Name of Employer COFFEE & ASSOCIATES	Occupation PRINCIPAL
---	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : SA11.6250**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROY C. COFFEE, III**

Mailing Address 770 5TH ST., NW, APT. 1002

City WASHINGTON	State DC	Zip Code 20001-2670
--------------------	-------------	------------------------

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

Name of Employer COFFEE & ASSOCIATES	Occupation PRINCIPAL
---	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6330**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 27 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MARYANN COLETY**

Mailing Address 121 COOPER DRIVE

City State Zip Code  
NEW ROCHELLE NY 10801-4752

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA11.7225**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARTHA G. COLLINS**

Mailing Address 241 NIMHAM ROAD

City State Zip Code  
KENT LAKES NY 10512-3523

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

Name of Employer Occupation  
PUTNAM COUNTY TOURISM DIRECTOR OF COMMUNICATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 30 / 2012

**Transaction ID : SA11.7298**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH A. COMERFORD**

Mailing Address 1223 ROUTE 82

City State Zip Code  
HOPEWELL JUNCTION NY 12533-6253

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 30 / 2012

**Transaction ID : SA11.6541**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

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

1300.00

**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**LYNETTE CONE**

Mailing Address **3614 NOTTINGHAM STREET**

City **HOUSTON** State **TX** Zip Code **77005-2221**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : SA11.6440**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INGRID A. CONNOLLY**

Mailing Address **P.O. BOX 97**

City **WACCABUC** State **NY** Zip Code **10597-0097**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1685.84**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6906**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEANNE CONRY**

Mailing Address **8204 CANTERSHIRE WAY**

City **GRANITE BAY** State **CA** Zip Code **95746-9476**

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

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

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7206**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**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 29 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES P. CONSTANTINO**

Mailing Address 112 DAVIS ROAD

City State Zip Code  
SALT POINT NY 12578-3120

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7238**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFF K. COOK**

Mailing Address 99 MAIN STREET

City State Zip Code  
COLD SPRING NY 10516-2810

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

Name of Employer Occupation  
SELF-EMPLOYED PUBLIC AFFAIRS CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11.6479**

Amount of Each Receipt this Period  
 900.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN M. CORCORAN**

Mailing Address 340 SOUTH BEDFORD ROAD

City State Zip Code  
BEDFORD CORNERS NY 10549-4954

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

Name of Employer Occupation  
JACKSON LEWIS LP ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : SA11.7122**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

2150.00

**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**FRANK A. CORDASCO**

Mailing Address 40 WEST 77TH STREET, APT 5B

City NEW YORK State NY Zip Code 10024-5128

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

Name of Employer HOSPITAL FOR SPECIAL SURGERY Occupation SURGEON

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11.5983**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 430 ROUTE 208

City NEWBURGH State NY Zip Code 12561

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

Name of Employer EMPIRE STATE BANK Occupation CHAIRMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11.6480**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN D'ANGELO**

Mailing Address 6 EVAN PL

City ARMONK State NY Zip Code 10504-1510

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

Name of Employer SELF Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2012

**Transaction ID : SA11.6774**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2000.00

**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 4875 PELICAN COLONY BLVD APT2004 B

City State Zip Code  
BONITA SPRINGS FL 34134

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 20 / 2012

**Transaction ID : SA11.6492**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SHARON DECHIARA**

Mailing Address 300 CROTON LAKE ROAD

City State Zip Code  
KATONAH NY 10536-1205

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

Name of Employer Occupation  
PLASTIC & RECONSTRUCTIVE SURGERY PHYSICIAN

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.6992**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BARBARA DECINA**

Mailing Address 267 WESTCHESTER AVENUE

City State Zip Code  
POUND RIDGE NY 10576-1714

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

Name of Employer Occupation  
N/A UNEMPLOYED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : SA11.7083**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

1600.00

**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 35 TERRELL FARM PLACE

City CHESHIRE State CT Zip Code 06410-2910

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

Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11.6845**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARK S. DEFRANCESCO**

Mailing Address 35 TERRELL FARM PLACE

City CHESHIRE State CT Zip Code 06410-2910

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

Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2012

**Transaction ID : SA11.7289**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT DEVINE**

Mailing Address 69 WOOD ROAD

City BEDFORD HILLS State NY Zip Code 10507-1219

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

Name of Employer VMWARE Occupation ENGINEER

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7088**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1450.00



**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**ASHLEY DIAMOND**

Mailing Address 401 PEA POND ROAD

City KATONAH State NY Zip Code 10536-3832

FEC ID number of contributing federal political committee.

Name of Employer COLDWELL BANKER Occupation REAL ESTATE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2012

**Transaction ID : SA11.6666**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KERYN DIAS**

Mailing Address 14 GRANT PLACE

City ARLINGTON State TX Zip Code 76013-3155

FEC ID number of contributing federal political committee.

Name of Employer MEDICAL CLINIC OF N. TEXAS Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6338**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES DICCIANNI**

Mailing Address 53 WEDGEWOOD DRIVE

City GOSHEN State NY Zip Code 10924-2530

FEC ID number of contributing federal political committee.

Name of Employer NEUBERGER BERMAN Occupation SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11.6346**

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**VINCENT DIMASO**

Mailing Address **244 S. GRAND AVE.**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-3417**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 10 / 2012**

**Transaction ID : SA11.6657**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **13221 PONDEROSA WAY**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6997**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

Mailing Address **180 GLEN PARKWAY**

City **HAMDEN** State **CT** Zip Code **06517-1511**

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

Name of Employer **YALE-NEW HAVEN HOSPITAL** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7117**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**5250.00**

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

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

FOR LINE NUMBER: PAGE 35 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**ELIZABETH N. DOSORETZ**

Mailing Address 15780 OLD WEDGEWOOD CT.

City State Zip Code  
FORT MYERS FL 33908-7209

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

Name of Employer Occupation  
ASSOCIATES IN COUNSELING THERAPIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11.7004**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SUSAN A. DOYLE**

Mailing Address P.O. BOX 1739

City State Zip Code  
PLEASANT VALLEY NY 12569-1739

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

Name of Employer Occupation  
BIG BROTHERS BIG SISTERS OF NEW YORK SENIOR PROGRAM MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

**Transaction ID : SA11.6630**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 3 WESTMINSTER ROAD

City State Zip Code  
MENDHAM NJ 07945-3108

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

Name of Employer Occupation  
OLIVER WYMAN EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 19 / 2012

**Transaction ID : SA11.6773**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES DUFFY**

Mailing Address **22 BOUTONVILLE ROAD**

City **SOUTH SALEM** State **NY** Zip Code **10590-1514**

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

Name of Employer **DUFFYTERENZI, LLP** Occupation **PARTNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : SA11.6395**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **565 FIFTH AVENUE, 4TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10017-2424**

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

Name of Employer **DKM CORP.** Occupation **CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7189**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BARBARA EAGER**

Mailing Address **47 CREST ROAD**

City **CHAPPAQUA** State **NY** Zip Code **10514-2706**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7069**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**2850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**GEORGE H. EISENBACH**

Mailing Address **34 BILLYS WAY**

City **COLD SPRING** State **NY** Zip Code **10516-1018**

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

Name of Employer **ESTEE LAUDER, INC.** Occupation **FACILITIES MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6987**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PEGGY ELLIS**

Mailing Address **3211 OLD DOMINION BOULEVARD**

City **ALEXANDRIA** State **VA** Zip Code **22305-1317**

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

Name of Employer **ELLIS & COMPANY, L.L.C.** Occupation **STRATEGIST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 13 / 2012**

**Transaction ID : SA11.6019**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID K. EMMEL**

Mailing Address **28 HENDERSON DRIVE**

City **AVON** State **CT** Zip Code **06001-2805**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2012**

**Transaction ID : SA11.6501**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**600.00**

**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 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREW J. ENTWISTLE**

Mailing Address 69 GIRDLE RIDGE RD

City KATONAH State NY Zip Code 10536-3814

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

Name of Employer ENTWISTLE & CAPPUCCI LLP Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 17 / 2012**

**Transaction ID : SA11.6488**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

OVERLIMIT CONTRIBUTION TO BE REFUNDED WITHIN 60 DAYS REFUND TO BE ISSUED

**B.** Full Name (Last, First, Middle Initial)  
**NANCY N. EUCHNER**

Mailing Address 19 SCHOOLHOUSE RD.

City WACCABUC State NY Zip Code 10597-1113

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

Name of Employer GOOD YEAR Occupation VP, GLOBAL INNOVATION

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 16 / 2012**

**Transaction ID : SA11.6459**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NANCY N. EUCHNER**

Mailing Address 19 SCHOOLHOUSE RD.

City WACCABUC State NY Zip Code 10597-1113

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

Name of Employer GOOD YEAR Occupation VP, GLOBAL INNOVATION

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7237**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**5600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN D. EYLERS**

Mailing Address P.O. BOX 318

City WESTBROOKVILLE State NY Zip Code 12785-0318

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11.6533**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN D. EYLERS**

Mailing Address P.O. BOX 318

City WESTBROOKVILLE State NY Zip Code 12785-0318

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : SA11.6518**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN D. EYLERS**

Mailing Address P.O. BOX 318

City WESTBROOKVILLE State NY Zip Code 12785-0318

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6910**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**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 40 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JONATHAN FARBER**

Mailing Address **7 SHOREHAVEN ROAD**

City **NORWALK** State **CT** Zip Code **06855-2806**

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

Name of Employer **LIME ROCK MANAGEMENT** Occupation **INVESTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6898**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

Mailing Address **250 SCUDDERS LANE**

City **ROSLYN** State **NY** Zip Code **11576-1038**

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

Name of Employer **BELSTAR HOLDINGS** Occupation **PORTFOLIO MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6868**

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

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

Mailing Address **171 S. WHITEROCK ROAD**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 01 / 2012**

**Transaction ID : SA11.5894**

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

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

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

**4500.00**



**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 41 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 171 S. WHITEROCK ROAD

City HOLMES State NY Zip Code 12531-5406

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
09 / 29 / 2012

**Transaction ID : SA11.7073**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address 171 S. WHITEROCK ROAD

City HOLMES State NY Zip Code 12531-5406

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
09 / 29 / 2012

**Transaction ID : SA11.7073B**

Amount of Each Receipt this Period  
-500.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**CARA FARQUHAR**

Mailing Address 171 S. WHITEROCK RD.

City HOLMES State NY Zip Code 12531-5406

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
09 / 29 / 2012

**Transaction ID : SA11.7412**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

**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: PAGE 42 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN J. FERGUSON**  
 Mailing Address 365 CEDAR HILL ROAD  
 City State Zip Code  
 GREENWICH CT 06830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FERGUSON COHEN, LLP ATTORNEY  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2012  
**Transaction ID : SA11.7016**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ERNEST FETCHKO**  
 Mailing Address 72 MARK MEAD RD.  
 City State Zip Code  
 CROSS RIVER NY 10518-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2012  
**Transaction ID : SA11.7299**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT N. FISCHER**  
 Mailing Address 9 CONGRESSIONAL DR.  
 City State Zip Code  
 NEWBURGH NY 12550-2507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 415.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : SA11.6371**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

700.00

**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 43 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT N. FISCHER**

Mailing Address **9 CONGRESSIONAL DR.**

City **NEWBURGH** State **NY** Zip Code **12550-2507**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **415.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 16 / 2012**

**Transaction ID : SA11.6455**

Amount of Each Receipt this Period  
**65.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT N. FISCHER**

Mailing Address **9 CONGRESSIONAL DR.**

City **NEWBURGH** State **NY** Zip Code **12550-2507**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **415.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6961**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **3814 IVANHOE LANE**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7070**

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

REATTRIBUTION REQUESTED FOR OVERLIMIT CONTRIBUTION

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

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

**1315.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**LAWRENCE S. FISHELSON**

Mailing Address **221 WEST 17TH STREET**

City **NEW YORK** State **NY** Zip Code **10011-5378**

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

Name of Employer **DYNALINK** Occupation **COO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7268**

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

**B.** Full Name (Last, First, Middle Initial)  
**ARI FLEISCHER**

Mailing Address **23 MILLER ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2205**

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

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6952**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

Mailing Address **23 MILLER ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2205**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 16 / 2012**

**Transaction ID : SA11.6691**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**6000.00**

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

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

FOR LINE NUMBER: PAGE 45 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**APRIL HOXIE FOLEY**

Mailing Address 45 SMITH RIDGE ROAD

City SOUTH SALEM State NY Zip Code 10590-1923

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

Name of Employer XERIUM TECHNOLOGIES Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7009**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address 15750 OLD WEDGEWOOD CT.

City FORT MYERS State FL Zip Code 33908-7209

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

Name of Employer 21ST CENTURY ONCOLOGY Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7007**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BRIAN O. FOY**

Mailing Address 25 WEST DEER TRAIL

City PAWLING State NY Zip Code 12564-2169

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

Name of Employer WESTCHESTER MEDICAL SOCIETY Occupation EXECUTIVE DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : SA11.6496**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

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

5050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address **4 ELLEN CT.**

City **CROTON ON HUDSON** State **NY** Zip Code **10520-1405**

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

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

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7097**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address **41 TAMARACK ROAD**

City **MAHOPAC** State **NY** Zip Code **10541-1408**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 01 / 2012**

**Transaction ID : SA11.6570**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM FRUMKIN**

Mailing Address **41 TAMARACK ROAD**

City **MAHOPAC** State **NY** Zip Code **10541-1408**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7065**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**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 47 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**STANLEY A. GALL**

Mailing Address **6 ARDEN ROAD**

City **GLENVIEW** State **KY** Zip Code **40025-7520**

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

Name of Employer **UNIVERSITY OF LOUISVILLE** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2012**

**Transaction ID : SA11.6810**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEPHANIE GALLAGHER**

Mailing Address **22 WEST STREET**

City **COLD SPRING** State **NY** Zip Code **10516-3210**

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

Name of Employer **COLD SPRING LANDING WORLD CITY AMER** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 10 / 2012**

**Transaction ID : SA11.6659**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HENRY R. GALLER**

Mailing Address **5 MERCURY AVENUE**

City **MONROE** State **NY** Zip Code **10950-5226**

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

Name of Employer **HENRY'S ATTIC, INC.** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : SA11.6288**

Amount of Each Receipt this Period  
**800.00**  
 CONTRIBUTION

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

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

**1450.00**

**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 48 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**HENRY R. GALLER**

Mailing Address **5 MERCURY AVENUE**

City **MONROE** State **NY** Zip Code **10950-5226**

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

Name of Employer **HENRY'S ATTIC, INC.** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 10 / 2012**

**Transaction ID : SA11.6645**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SILVIA GALMARINI**

Mailing Address **104 HISPANIOLA LANE**

City **BONITA SPRINGS** State **FL** Zip Code **34134-8519**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6996**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**IRA J. GANGER**

Mailing Address **34 HERRICK DRIVE**

City **LAWRENCE** State **NY** Zip Code **11559-1528**

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

Name of Employer **GANGER FOUNDATION** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6963**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**2250.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES GARTEN**

Mailing Address **640 GRANT ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560-2314**

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

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

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7036**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL A. GERSTNER**

Mailing Address **458 GREENWICH STREET, #A3**

City **NEW YORK** State **NY** Zip Code **10013-1759**

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

Name of Employer **MSDC MANAGEMENT, L.P.** Occupation **INVESTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 24 / 2012**

**Transaction ID : SA11.6806**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**J.D. GILL**

Mailing Address **7 PINE STREET**

City **COLD SPRING** State **NY** Zip Code **10516-1524**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2012**

**Transaction ID : SA11.7312**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

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

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

**1050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**REGINA GIUFFRIDA**

Mailing Address **5 REYNOLDS LANE**

City **KATONAH** State **NY** Zip Code **10536-3837**

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

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

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7119**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RONALD M. GLASSMAN**

Mailing Address **185 CEDAR LANE, #L4**

City **TEANECK** State **NJ** Zip Code **07666-4303**

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

Name of Employer **GLASSMAN EYE ASSOCIATES** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 30 / 2012**

**Transaction ID : SA11.7296**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALEXANDER GOLDFARB**

Mailing Address **21 PATTERSON ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-1521**

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

Name of Employer **SANDLER O'NEILL** Occupation **MANAGING DIRECTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 04 / 2012**

**Transaction ID : SA11.5947**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**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 51 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**ALEXANDER GOLDFARB**

Mailing Address 21 PATTERSON ROAD

City POUND RIDGE State NY Zip Code 10576-1521

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

Name of Employer SANDLER O'NEILL Occupation MANAGING DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : SA11.6549**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALEXANDER GOLDFARB**

Mailing Address 21 PATTERSON ROAD

City POUND RIDGE State NY Zip Code 10576-1521

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

Name of Employer SANDLER O'NEILL Occupation MANAGING DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 24 / 2012**

**Transaction ID : SA11.6804**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARK GOLDWASSER**

Mailing Address 2 CORNELL STREET

City SCARSDALE State NY Zip Code 10583-7608

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

Name of Employer NATIONAL SECURITIES Occupation C.E.O.

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7188**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**600.00**

**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 52 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address **30 JUNE ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560-2318**

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

Name of Employer **STONEHURST CAPITAL INC** Occupation **INVESTMENTS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2012**

**Transaction ID : SA11.6791**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRENDA GREEN**

Mailing Address **5075 FIELDSTON ROAD**

City **BRONX** State **NY** Zip Code **10471-2909**

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

Name of Employer **VISITING NURSE SERVICE OF NY** Occupation **NURSE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11.5939**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL W. GREEN**

Mailing Address **5075 FIELDSTON ROAD**

City **BRONX** State **NY** Zip Code **10471-2909**

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

Name of Employer **HOSPITAL FOR SPECIAL SURGERIES** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11.5938**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**3250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JACK GRESS**

Mailing Address **21 LAKEVIEW RD**

City **NORTH SALEM** State **NY** Zip Code **10560-2910**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 17 / 2012**

**Transaction ID : SA11.6473**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANN GRIFFIN**

Mailing Address **143 RUXTON ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-4025**

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

Name of Employer **AMERIPRISE FINANCIAL** Occupation **FINANCIAL ADVISOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6907**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **P.O. BOX 2356**

City **MIDDLETOWN** State **NY** Zip Code **10940-7831**

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

Name of Employer **A. GURDA PRODUCE, INC.** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 30 / 2012**

**Transaction ID : SA11.6540**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**TOM HARGROVE**

Mailing Address **79 SECOND HIANITALL ROAD**

City **BRIDGEWATER** State **CT** Zip Code **06752**

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

Name of Employer **SELF** Occupation **PRIVATE INVESTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6693**

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

**B.** Full Name (Last, First, Middle Initial)  
**ELLEN R HARRIS**

Mailing Address **344 W 72ND ST, APT. 7D**

City **NEW YORK** State **NY** Zip Code **10023-2637**

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

Name of Employer **UBS FINANCIAL SERVICES** Occupation **FINANCIAL ADVISOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6895**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. HARRIS**

Mailing Address **628 CEDAR LANE**

City **TEANECK** State **NJ** Zip Code **07666-1704**

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

Name of Employer **ASSOC RETINAL CONSULTING** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2012**

**Transaction ID : SA11.5994**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 55 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>LEWIS J. HART JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address 136 SEVEN BRIDGES RD.		<b>Transaction ID : SA11.7276</b>
City CHAPPAQUA	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer CHAPPAQUA CAPITAL	Occupation PRINCIPAL	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	REATTRIBUTION REQUESTED FOR OVER LIMIT CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>DAVID A. HARTMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 3345 BEE CAVE ROAD SUITE 203		<b>Transaction ID : SA11.6914</b>
City AUSTIN	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <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>DOUGLAS HARTMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 3345 BEE CAVE ROAD SUITE 203		<b>Transaction ID : SA11.6915</b>
City AUSTIN	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HARTMAN & ASSOCIATES	Occupation COO	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**DONALD E. HATCHER**

Mailing Address **12 BONNIEWOOD DRIVE**

City **MAHOPAC** State **NY** Zip Code **10541**

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

Name of Employer **SELF EMPLOYED** Occupation **GRAPHIC DESIGNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 17 / 2012**

**Transaction ID : SA11.6484**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY HAYDEN**

Mailing Address **22 SYCAMORE BLVD.**

City **WINGDALE** State **NY** Zip Code **12594-1309**

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

Name of Employer **CONTRACTORS LINE & GRADE SO.** Occupation **SURVEYOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 05 / 2012**

**Transaction ID : SA11.6006**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HOWARD HELLWINKEL**

Mailing Address **44 FINCH ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560-1507**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**610.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 17 / 2012**

**Transaction ID : SA11.6478**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**550.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MARTHA G. HENNIG**

Mailing Address P.O. BOX 660

City: **BEDFORD** State: **NY** Zip Code: **10506-0660**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1375.00**

Date of Receipt: **09 / 08 / 2012**

**Transaction ID : SA11.6637**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARTHA G. HENNIG**

Mailing Address P.O. BOX 660

City: **BEDFORD** State: **NY** Zip Code: **10506-0660**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1375.00**

Date of Receipt: **09 / 24 / 2012**

**Transaction ID : SA11.6809**

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

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NILO E. HERRERA**

Mailing Address **358 GRAPE HOLLOW ROAD**

City: **HOLMES** State: **NY** Zip Code: **12531-5426**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2810.00**

Date of Receipt: **08 / 04 / 2012**

**Transaction ID : SA11.6396**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

**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 58 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**NILO E. HERRERA**

Mailing Address 358 GRAPE HOLLOW ROAD

City HOLMES State NY Zip Code 12531-5426

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2810.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2012

**Transaction ID : SA11.6778**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETER HERSH**

Mailing Address 300 FRANK W. BURR BLVD.

City TEANECK State NJ Zip Code 07666-6704

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11.6768**

Amount of Each Receipt this Period  
 600.00  
 CONTRIBUTION

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

Mailing Address 433 JAY STREET

City KATONAH State NY Zip Code 10536-3714

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

Name of Employer LAZARD CAPITAL MARKETS Occupation FINANCIAL ANALYST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

**Transaction ID : SA11.6553**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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: (check only one)	PAGE 59 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**TANIA R. HIGGINS**

Mailing Address **P.O. BOX 1014**

City **NEW YORK** State **NY** Zip Code **10021-0036**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2012**

**Transaction ID : SA11.6510**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**IFFATH A. HOSKINS**

Mailing Address **515 EAST 72ND STREET, #17H**

City **NEW YORK** State **NY** Zip Code **10021-4014**

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

Name of Employer **LUTHERAN MEDICAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 20 / 2012**

**Transaction ID : SA11.6783**

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

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM HOTALING**

Mailing Address **125 QUASSAICK AVENUE**

City **NEW WINDSOR** State **NY** Zip Code **12553-6635**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2012**

**Transaction ID : SA11.6304**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**3600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>WILLIAM HOTALING</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2012
Mailing Address 125 QUASSAICK AVENUE		<b>Transaction ID : SA11.6667</b>
City NEW WINDSOR	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>RANDALL HOUGH</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2012
Mailing Address 1826 GARVEY AVENUE, #5		<b>Transaction ID : SA11.6888</b>
City ALHAMBRA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <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>ALFRED HURLEY</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2012
Mailing Address 830 PARK AVENUE		<b>Transaction ID : SA11.6770</b>
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer EMIGRANT BANK	Occupation VICE CHAIRMAN	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY HUTH**

Mailing Address 140 SHAGBARK LANE

City HOPEWELL JUNCTION State NY Zip Code 12533-5282

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

Name of Employer BOEHRINGER INGELHEIM PHARMA Occupation MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
925.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2012

**Transaction ID : SA11.6564**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MORTON HYMAN**

Mailing Address 998 FIFTH AVENUE

City NEW YORK State NY Zip Code 10028-0102

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

Name of Employer SELF-EMPLOYED Occupation PRIVATE INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11.6846**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CARMINE ISTVAN**

Mailing Address 11 HUBER RD.

City WAPPINGERS FALLS State NY Zip Code 12590-7519

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

Name of Employer EASTERN VIEW Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6751**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

**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: PAGE 62 OF 306  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**CHRIS JACOBS**

Mailing Address 156 E 37TH ST

City NEW YORK State NY Zip Code 10016-0340

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

Name of Employer ERIE COUNTY Occupation COUNTY CLERK

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6897**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FREDRICK JAFFE**

Mailing Address 4 RICHBELL CLOSE

City SCARSDALE State NY Zip Code 10583-4424

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11.5935**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAN L. JANSEN**

Mailing Address 161 GLENMERE AVENUE

City FLORIDA State NY Zip Code 10921-1205

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

Name of Employer WARWICK REPUBLICAN COMMITTEE Occupation CHAIRMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11.6813**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00  
 CONTRIBUTION

**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 63 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**LYDIA JEFFRIES**

Mailing Address **21 WILSON LANE**

City **FAIRVIEW** State **NC** Zip Code **28730-9564**

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

Name of Employer **ASHEVILLE WOMEN'S MEDICAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2012**

**Transaction ID : SA11.6872**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **19 BRADFORD COURT**

City **BREWSTER** State **NY** Zip Code **10509-4935**

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

Name of Employer **VERIZON** Occupation **DIRECTOR**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**355.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2012**

**Transaction ID : SA11.6875**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT JOHNSTON**

Mailing Address **87 CLINTON ROAD**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2515**

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

Name of Employer **BELSTAR GROUP, LLC** Occupation **INVESTMENT MANAGER**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6981**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**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: PAGE 64 OF 306  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**CHRIS JONES**

Mailing Address 3507 BROADRUN DR

City State Zip Code  
FAIRFAX VA 22033-2164

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

Name of Employer Occupation  
FERGUSON STRATEGIES PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 25 2012

**Transaction ID : SA11.6855**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 19 RIVERS EDGE

City State Zip Code  
NEWBURGH NY 12550-1457

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

Name of Employer Occupation  
LEGENT INTERNATIONAL LTD. OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 10 2012

**Transaction ID : SA11.6658**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EVAN KARAS**

Mailing Address 5 MEADOW BROOK ROAD

City State Zip Code  
KATONAH NY 10536-3849

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 11 2012

**Transaction ID : SA11.6670**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

4000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES KASTBERG**

Mailing Address **18 SUNDERLAND LANE**

City **KATONAH** State **NY** Zip Code **10536-3162**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2012**

**Transaction ID : SA11.6789**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARK A. KASTNER**

Mailing Address **1470 LUCAS AVE.**

City **COTTEKILL** State **NY** Zip Code **12419-5107**

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

Name of Employer **THE CHAZEN COMPANIES** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6724**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. KATIN**

Mailing Address **2270 COLONIAL BLVD.**

City **FORT MYERS** State **FL** Zip Code **33907-1412**

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

Name of Employer **21ST CENTURY ONCOLOGY** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6995**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**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 66 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JEAN M. KEARNEY**

Mailing Address 51 AVERILL DRIVE

City MAHOPAC State NY Zip Code 10541-1729

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2012

**Transaction ID : SA11.6612**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ADINA H. KELLER**

Mailing Address 30 GEDNEY WAY

City CHAPPAQUA State NY Zip Code 10514-1402

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : SA11.6516**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY L. KELLER**

Mailing Address 30 GEDNEY WAY

City CHAPPAQUA State NY Zip Code 10514-1402

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : SA11.6515**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

**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 67 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address **929 COLLEGE AVENUE**

City **FORT WORTH** State **TX** Zip Code **76104-3048**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.6889**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EDWARD KELLY**

Mailing Address **11 LONG MEADOW RD**

City **BEDFORD** State **NY** Zip Code **10506-1119**

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

Name of Employer **AMERICAN EXPRESS** Occupation **PUBLISHER**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.6983**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SUE W. KELLY**

Mailing Address **187 JAY STREET**

City **KATONAH** State **NY** Zip Code **10536-3702**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7215**

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

**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 68 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address **65 EAST 55TH STREET**

City **NEW YORK** State **NY** Zip Code **10022-3219**

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

Name of Employer **DAVIDSON KEMPNER CAPITAL MANAGEMEN** Occupation **HEDGE FUND MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2012**

**Transaction ID : SA11.6795**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

Mailing Address **446 RILEY RD**

City **NEW WINDSOR** State **NY** Zip Code **12553-7270**

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

Name of Employer **N/A** Occupation **STAY AT HOME MOM**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7082**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE W. KETCHUM**

Mailing Address **P.O. BOX 288**

City **SUGAR LOAF** State **NY** Zip Code **10981-0288**

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

Name of Employer **PDJ COMPONENTS** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **760.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.6246**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**3100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**AMIT KHURANA**

Mailing Address **315 EAST 86TH STREET**

City **NEW YORK** State **NY** Zip Code **10028-4771**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.7028**

Amount of Each Receipt this Period  
**400.00**  
 CONTRIBUTION

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

Mailing Address **121 BUXTON ROAD**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2310**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2012**

**Transaction ID : SA11.6800**

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

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

Mailing Address **800 5TH AVENUE, #20-F**

City **NEW YORK** State **NY** Zip Code **10065-7289**

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

Name of Employer **RMS CORP.** Occupation **MANAGEMENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2012**

**Transaction ID : SA11.2**

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

**[MEMO ITEM]**  
 SEE JULY QUARTERLY REPORT REDESIGNATION BELOW

**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 70 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CAROLE E. KLANG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2012	
Mailing Address 800 5TH AVENUE, #20-F		<b>Transaction ID : SA11.3</b>	
City NEW YORK	State NY	Zip Code 10065-7289	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ -500.00 CONTRIBUTION	
Name of Employer RMS CORP.	Occupation MANAGEMENT		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. CAROLE E. KLANG</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2012	
Mailing Address 800 5TH AVENUE, #20-F		<b>Transaction ID : SA11.6344</b>	
City NEW YORK	State NY	Zip Code 10065-7289	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION	
Name of Employer RMS CORP.	Occupation MANAGEMENT		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00		

Full Name (Last, First, Middle Initial) <b>C. ZINA KLANG</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2012	
Mailing Address 54 HERITAGE DRIVE		<b>Transaction ID : SA11.6672</b>	
City PLEASANTVILLE	State NY	Zip Code 10570-1419	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION	
Name of Employer RMS COMPUTER CORP.	Occupation RECRUITMENT/SALES		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LEWIS KOHL**

Mailing Address **279 HAWLEY ROAD**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5010.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11.4**

Amount of Each Receipt this Period  
**430.00**

CONTRIBUTION

**[MEMO ITEM]**  
SEE JULY QUARTERLY REPORT REDESIGNATION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**MR. LEWIS KOHL**

Mailing Address **279 HAWLEY ROAD**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2012**

**Transaction ID : SA11.5**

Amount of Each Receipt this Period  
**-10.00**

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATED BELOW

**C.** Full Name (Last, First, Middle Initial)  
**MR. LEWIS KOHL**

Mailing Address **279 HAWLEY ROAD**

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

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

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

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **685.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2012**

**Transaction ID : SA11.6380**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

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

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

**0.00**

**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 72 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE A. KOLKMANN**

Mailing Address 37 E. HUDSON HARBOUR DRIVE

City POUGHKEEPSIE	State NY	Zip Code 12601-5379
----------------------	-------------	------------------------

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

Name of Employer RAYMOND OPTICIANS, INC.	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6741**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRUCE A. KOLKMANN**

Mailing Address 37 E. HUDSON HARBOUR DRIVE

City POUGHKEEPSIE	State NY	Zip Code 12601-5379
----------------------	-------------	------------------------

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

Name of Employer RAYMOND OPTICIANS, INC.	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7233**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS KORZUN**

Mailing Address 326 BONE HOLLOW ROAD

City ACCORD	State NY	Zip Code 12404-5333
----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7138**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 73 OF 306  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JACQUELINE KOUGELIS**

Mailing Address **374 CAMPUS ROAD**

City **FRANKLIN SQUARE** State **NY** Zip Code **11010-3412**

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

Name of Employer **WILLIAM KOUGLEIS PLUMBING** Occupation **MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2012**

**Transaction ID : SA11.6588**

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

**B.** Full Name (Last, First, Middle Initial)  
**MICHELLE KOURY**

Mailing Address **37 MURRAY AVENUE**

City **GOSHEN** State **NY** Zip Code **10924-1822**

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

Name of Employer **CRYSTAL RUN HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : SA11.6349**

Amount of Each Receipt this Period  
**400.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHELLE KOURY**

Mailing Address **37 MURRAY AVENUE**

City **GOSHEN** State **NY** Zip Code **10924-1822**

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

Name of Employer **CRYSTAL RUN HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6858**

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

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

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

**4400.00**

**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 74 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN W. KRAUS**

Mailing Address **34 SCENIC RIDGE DRIVE**

City **BREWSTER** State **NY** Zip Code **10509-4303**

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

Name of Employer **BROWN AND TARANTINO** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**310.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6869**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GREGORY LA SORSA**

Mailing Address **254 INCREASE MILLER ROAD**

City **KATONAH** State **NY** Zip Code **10536-2711**

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

Name of Employer **LA SORSA & BENEVENTANO** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7131**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS J. LAMOTTE**

Mailing Address **374 BEDFORD CENTER ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1023**

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

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

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7221**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 75 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN LANDRY**

Mailing Address 43 GLENWOOD LANE

City State Zip Code  
KATONAH NY 10536-3839

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

Name of Employer Occupation  
ALLIANZ OF AMERICA TRADER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6974**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HAL C. LAWRENCE**

Mailing Address 2700 VIRGINIA AVENUE, N.W., #1505

City State Zip Code  
WASHINGTON DC 20037-1909

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

Name of Employer Occupation  
ACOG PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6909**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KIM REDL LAWRENCE**

Mailing Address 5 LANE GATE ROAD

City State Zip Code  
WAPPINGERS FALLS NY 12590-1827

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

Name of Employer Occupation  
HERB REDI PROPERTIES PROPERTY MANAGEMENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2012

**Transaction ID : SA11.6688**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**NADINE LEE**

Mailing Address **20 BEDFORD ROAD**

City **ARMONK** State **NY** Zip Code **10504-1830**

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

Name of Employer **PROSPER ADVISORS** Occupation **WEALTH MANAGEMENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7080**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LESLIE C. LEHRMAN**

Mailing Address **235 GARTH RD., APT. E2A**

City **SCARSDALE** State **NY** Zip Code **10583-3911**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6918**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LESLIE C. LEHRMAN**

Mailing Address **235 GARTH RD., APT. E2A**

City **SCARSDALE** State **NY** Zip Code **10583-3911**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6919**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**3250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**LAWRENCE LENZNER**

Mailing Address 4-74 48TH AVENUE

City State Zip Code  
LONG ISLAND CITY NY 11109-5600

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

Name of Employer Occupation  
PATTERSON BELKNAP WEBB & TYLER ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11.7029**

Amount of Each Receipt this Period  
350.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRANCISCO LEON**

Mailing Address 3225 AVIATION AVENUE

City State Zip Code  
CORAL GABLES FL 33133-4741

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

Name of Employer Occupation  
FEMWELL COO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : SA11.5931**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN LEONARD**

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City State Zip Code  
ATLANTA GA 30350-1085

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 21 / 2012

**Transaction ID : SA11.6497**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 78 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN LEONARD**

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City ATLANTA State GA Zip Code 30350-1085

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11.6867**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 11 MARIE COURT

City POUGHKEEPSIE State NY Zip Code 12601-5657

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

Name of Employer LCS FACILITY GROUP INC. Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2012

**Transaction ID : SA11.6625**

Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

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

Mailing Address 11 MARIE COURT

City POUGHKEEPSIE State NY Zip Code 12601-5657

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

Name of Employer LCS FACILITY GROUP INC. Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6747**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

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

590.00

**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 79 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**CECILY A. LESKO**

Mailing Address 1005 CLIFTON AVE.

City Clifton State NJ Zip Code 07013-3520

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

Name of Employer NORTH JERSEY EYE ASSOCIATES Occupation PHYSICIAN

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7089**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ADAM LEVY**

Mailing Address 70 INDIAN WELLS ROAD

City Brewster State NY Zip Code 10509-5201

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

Name of Employer PUTNAM COUNTY Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2012

**Transaction ID : SA11.6444**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROSS S. LEVY**

Mailing Address 14 DEVOE ROAD

City Chappaqua State NY Zip Code 10514-3603

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2012

**Transaction ID : SA11.6894**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

SEE REATTRIBUTION

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

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

4500.00

**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 80 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JANET S. LEVY**

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514-3603

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2012

**Transaction ID : SA11.7410**

Amount of Each Receipt this Period  
1800.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED  
 (AUTOMATIC) REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**ROSS S. LEVY**

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514-3603

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2012

**Transaction ID : SA11.6894B**

Amount of Each Receipt this Period  
-1800.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM V. LEWIT**

Mailing Address 25 VALLEY ROAD

City SCARSDALE State NY Zip Code 10583-1126

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6934**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

**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: PAGE 81 OF 306  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**SHARI J. LICTRA**

Mailing Address **23 GREENRIDGE AVE.**

City **CARDEN CITY** State **NY** Zip Code **11530-1013**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : SA11.6424**

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

**B.** Full Name (Last, First, Middle Initial)  
**JAIME B. LIFTON**

Mailing Address **P.O. BOX 198**

City **EAST SETAUKET** State **NY** Zip Code **11733-0198**

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

Name of Employer **JP MORGAN** Occupation **BANKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6864**

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

**C.** Full Name (Last, First, Middle Initial)  
**DAVID B. LIVSHIN**

Mailing Address **2 SUMMIT COURT, #203**

City **FISHKILL** State **NY** Zip Code **12524-4318**

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

Name of Employer **DAGAR GROUP** Occupation **CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1235.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6742**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**2100.00**

**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 82 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID B. LIVSHIN**

Mailing Address **2 SUMMIT COURT, #203**

City **FISHKILL** State **NY** Zip Code **12524-4318**

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

Name of Employer **DAGAR GROUP** Occupation **CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1235.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6954**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE A. LONG**

Mailing Address **14 LOWER SHAD ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2215**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6978**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE A. LONG**

Mailing Address **14 LOWER SHAD ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2215**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6978B**

Amount of Each Receipt this Period  
**-500.00**

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**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 83 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MADELINE LONG**

Mailing Address **14 LOWER SHAD ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2215**

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

Name of Employer **NONE** Occupation **STUDENT**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.7414**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**WARREN J. LUCAS**

Mailing Address **P.O. BOX 263**

City **NORTH SALEM** State **NY** Zip Code **10560-0263**

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

Name of Employer **TOWN OF NORTH SALEM** Occupation **SUPERVISOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 01 / 2012**

**Transaction ID : SA11.6563**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GARRY R. LYNCH**

Mailing Address **76 SARLES LANE**

City **PLEASANTVILLE** State **NY** Zip Code **10570-1920**

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

Name of Employer **LYNSTAAR ENGINEERING** Occupation **ENGINEER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : SA11.6418**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

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

**150.00**

**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 84 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**DIANE MACPHERSON MAJOR**

Mailing Address 2232 WESTWOOD PLACE

City FALLS CHURCH State VA Zip Code 22043-1619

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

Name of Employer VAN HEUVELEN STRATEGIES Occupation V.P.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : SA11.6251**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRANCES M. MAINE**

Mailing Address 142 SARLES ST.

City BEDFORD CORNERS State NY Zip Code 10549-4733

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.6599**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BELLA M. MALITS**

Mailing Address 10 CITY PLACE, #10E

City WHITE PLAINS State NY Zip Code 10601-3340

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2075.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2012

**Transaction ID : SA11.6638**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**BELLA M. MALITS**

Mailing Address 10 CITY PLACE, #10E

City State Zip Code  
WHITE PLAINS NY 10601-3340

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2075.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : SA11.7134**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MATTHEW MANNINI**

Mailing Address 37 LONDONDERRY LANE

City State Zip Code  
SOMERS NY 10589-2902

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

Name of Employer Occupation  
MT KISCO MEDICAKL GROUP PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2012

**Transaction ID : SA11.6874**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAY MARUZZELLA**

Mailing Address 18 HILDACAR LANE

City State Zip Code  
CARMEL NY 10512-1644

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

Name of Employer Occupation  
HV CONCEPTS ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 28 / 2012

**Transaction ID : SA11.6343**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**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 86 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>JAY MARUZZELLA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2012
Mailing Address 18 HILDACAR LANE		<b>Transaction ID : SA11.6579</b>
City CARMEL	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer HV CONCEPTS	Occupation ENGINEER	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

Full Name (Last, First, Middle Initial) <b>JAY MARUZZELLA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012
Mailing Address 18 HILDACAR LANE		<b>Transaction ID : SA11.6793</b>
City CARMEL	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer HV CONCEPTS	Occupation ENGINEER	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

Full Name (Last, First, Middle Initial) <b>WILLIAM MASCETTA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address 455 MARLBOROUGH ROAD		<b>Transaction ID : SA11.7208</b>
City YONKERS	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TRANSIT CONSTRUCTION CORPORATION	Occupation CHAIRMAN OF BOARD	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address **17 SPLIT TREE DRIVE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-3017**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 10 / 2012**

**Transaction ID : SA11.6653**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

Mailing Address **2100 11TH ST., NW, #207**

City **WASHINGTON** State **DC** Zip Code **20001-8027**

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

Name of Employer **APCO WORLDWIDE** Occupation **V.P.**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.6253**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES P. MCCAULEY JR**

Mailing Address **24 HIGHLAND AVE.**

City **CHAPPAQUA** State **NY** Zip Code **10514-3413**

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

Name of Employer **SELF** Occupation **INVESTMENT ADVISOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7207**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**550.00**

**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 88 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. MCDERMOTT**

Mailing Address 20 SOMERSET DR.

City SOMERS State NY Zip Code 10589-2913

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

Name of Employer MCDERMOTT & MCDERMOTT Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11.6483**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 12 VISTA LANE

City PATTERSON State NY Zip Code 12563-2674

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

Name of Employer GEICO Occupation INSURANCE INVESTIGATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2012

**Transaction ID : SA11.6643**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DOUGLAS MCHOUL**

Mailing Address 887 ROUTE 82

City HOPEWELL JCT State NY Zip Code 12533-7355

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

Name of Employer MCHOUL FUNERAL HOME Occupation FUNERAL DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11.6861**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**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 89 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PETER MCKINNON**

Mailing Address **36 SCOFIELD ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-1330**

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

Name of Employer **PMI MEDICAL MANAGEMENT, LLC** Occupation **HEALTHCARE EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2012**

**Transaction ID : SA11.6692**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JASON MCLANE**

Mailing Address **3902 FLOYD STREET**

City **HOUSTON** State **TX** Zip Code **77007-5720**

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

Name of Employer **LIME ROCK MANAGEMENT LP** Occupation **INVESTMENT PROFESSIONAL**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6980**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RONALD MCPHEE**

Mailing Address **795 HERITAGE HILLS, UNIT C**

City **SOMERS** State **NY** Zip Code **10589-4025**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 30 / 2012**

**Transaction ID : SA11.6542**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**3050.00**

**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 90 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address P.O. BOX 657

City CROSS RIVER State NY Zip Code 10518-0657

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2012

**Transaction ID : SA11.6490**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHERYL MELNYK**

Mailing Address 12 MOCKINGBIRD COURT

City HOPEWELL JUNCTION State NY Zip Code 12533-5246

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2012

**Transaction ID : SA11.6616**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LINDA MERRILL**

Mailing Address 399 LONG RIDGE ROAD

City BEDFORD State NY Zip Code 10506-1817

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE AGENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11.5933**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

CONTRIBUTION

**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 91 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PETER T. MILANO**

Mailing Address 11 MIANUS BLUFF DRIVE

City BEDFORD State NY Zip Code 10506-1541

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6905**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETER T. MILANO**

Mailing Address 11 MIANUS BLUFF DRIVE

City BEDFORD State NY Zip Code 10506-1541

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7008**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PHILIP J. MILAZZO**

Mailing Address 22 REDWOOD DRIVE

City SOMERS State NY Zip Code 10589-1816

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6698**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**ROBIN MILLER**

Mailing Address **11 HETTIEFRED RD**

City **GREENWICH** State **CT** Zip Code **06831-3258**

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

Name of Employer **MKMG** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7118**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EILEEN M. MILLOY**

Mailing Address **1641 3RD AVENUE, #4-J**

City **NEW YORK** State **NY** Zip Code **10128-3698**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6928**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HARRY MOEHRING**

Mailing Address **1225 ALBANY POST ROAD**

City **CROTON ON HUDSON** State **NY** Zip Code **10520-1565**

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

Name of Employer **MORGAN STANLEY** Occupation **PROJECT MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6857**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**550.00**

**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 93 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA MOORE**

Mailing Address **420 EAST 72ND STREET**

City **NEW YORK** State **NY** Zip Code **10021-4650**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 14 / 2012**

**Transaction ID : SA11.6683**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **1200 BAYHILL DRIVE**

City **SAN BRUNO** State **CA** Zip Code **94066-3058**

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

Name of Employer **CORD BLOOD REGISTRY** Occupation **CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**0.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.6285**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

REFUNDED \$2,500.00 ON 07/17/2012

**C.** Full Name (Last, First, Middle Initial)  
**MARTIN MORAN**

Mailing Address **10 GREGORY LANE**

City **MILLWOOD** State **NY** Zip Code **10546-1037**

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

Name of Employer **MORAN CONSTRUCTION SERVICES** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6920**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**3250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL MORAN**

Mailing Address **49 WILLETS WAY**

City **NEWBURGH** State **NY** Zip Code **12550-8781**

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

Name of Employer **BASF** Occupation **SITE DIRECTOR**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.6879**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SHARON R. MORRIS-PATRICE**

Mailing Address **245 OSPREY PT. DR.**

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

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.7005**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AVERELL H. MORTIMER**

Mailing Address **375 PARK AVE., 32ND FLOOR**

City **NEW YORK** State **NY** Zip Code **10152-3200**

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

Name of Employer **ARDEN ASSET MANAGEMENT** Occupation **CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : SA11.6297**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**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 95 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 44 REDWOOD DRIVE

City State Zip Code  
HIGHLAND MILLS NY 10930-2813

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

Name of Employer Occupation  
AT&T NETWORK MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 20 / 2012

**Transaction ID : SA11.6779**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GERALD NAPPI**

Mailing Address 17 ROBIN HILL DRIVE

City State Zip Code  
POUGHKEEPSIE NY 12603-4305

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

Name of Employer Occupation  
ENTERGY NUCLEAR OPERATIONS COMMUNICATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

**Transaction ID : SA11.6555**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BERNADETTE NEVOLA**

Mailing Address 10 PALMER LANE

City State Zip Code  
THORNWOOD NY 10594-2209

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA11.7232**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

**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 96 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address **770 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10021-4153**

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

Name of Employer **GREENHILL CAPITAL PARTNERS** Occupation **INVESTMENT MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2012**

**Transaction ID : SA11.6500**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

Mailing Address **1581 OVERHILL STREET**

City **YORKTOWN HEIGHTS** State **NY** Zip Code **10598-5409**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2012**

**Transaction ID : SA11.6886**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM B. NOLAN**

Mailing Address **399 LONG RIDGE ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1817**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11.5932**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY NURENBERG**

Mailing Address **27 WOODFIELD ROAD**

City **POMONA** State **NY** Zip Code **10970-2203**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7100**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WAYNE NUSSBICKEL**

Mailing Address **3596 ROUTE 82**

City **MILLBROOK** State **NY** Zip Code **12545-6033**

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

Name of Employer **N&S SUPPLY** Occupation **PARTNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6743**

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

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM O' BRIEN**

Mailing Address **27 EAST RIDGE ROAD**

City **WACCABUC** State **NY** Zip Code **10597-1200**

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

Name of Employer **DIRECT EDGE HOLDINGS LLC** Occupation **CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 30 / 2012**

**Transaction ID : SA11.6543**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1600.00**

**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 98 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL J. O'KANE**

Mailing Address 15 SOLURI LANE

City State Zip Code  
TOMKINS COVE NY 10986-1309

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

Name of Employer Occupation  
O'KANE CONSTRUCTION OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3751.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA11.7218**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH OFFIT**

Mailing Address 125 EAST 74 STREET

City State Zip Code  
NEW YORK NY 10021-3583

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

Name of Employer Occupation  
MEMORIAL SLOAN-KETTERING CANCER CE PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : SA11.7143**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMY OLSON**

Mailing Address 20 FIREHOUSE LANE

City State Zip Code  
RED HOOK NY 12571-1756

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

Name of Employer Occupation  
SELF-EMPLOYED ACTRESS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA11.7060**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

650.00

**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 99 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PETER ORTHWEIN**

Mailing Address 154 GUARDS ROAD

City GREENWICH State CT Zip Code 06831-2737

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

Name of Employer THOR INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2012

**Transaction ID : SA11.6883**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 31 MAJOR TALMADGE LANE

City POUND RIDGE State NY Zip Code 10576-1514

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

Name of Employer STERLING NATIONAL BANK Occupation SENIOR LOAN OFFICER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2012

**Transaction ID : SA11.6892**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 31 MAJOR TALMADGE LANE

City POUND RIDGE State NY Zip Code 10576-1514

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

Name of Employer STERLING NATIONAL BANK Occupation SENIOR LOAN OFFICER

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7123**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PAULA PAGE**

Mailing Address **232 GLANDON DRIVE**

City **CHAPEL HILL** State **NC** Zip Code **27514-3816**

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

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

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.6893**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EDITH P. PALMER**

Mailing Address **282 LAROE ROAD**

City **CHESTER** State **NY** Zip Code **10918-2435**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2012**

**Transaction ID : SA11.6509**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. EMIL PANICHI**

Mailing Address **ROUTE 82**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2575.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 06 / 2012**

**Transaction ID : SA11.6607**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 101 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>MR. EMIL PANICHI</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2012
Mailing Address ROUTE 82		<b>Transaction ID : SA11.7219</b>
City HOPEWELL JUNCTION	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer PANICHI HOLDING CORPORATION	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2575.00	SEE REATTRIBUTION

Full Name (Last, First, Middle Initial) <b>MR. EMIL PANICHI</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2012
Mailing Address ROUTE 82		<b>Transaction ID : SA11.7219B</b>
City HOPEWELL JUNCTION	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -500.00
Name of Employer PANICHI HOLDING CORPORATION	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2575.00	<b>[MEMO ITEM]</b> REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial) <b>EMILY PANICHI</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2012
Mailing Address ROUTH 82		<b>Transaction ID : SA11.7230</b>
City HOPEWELL JUNCTION	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation HOUSEWIFE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	<b>[MEMO ITEM]</b> REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES PARKHURST**

Mailing Address 93 OLD CHURCH ROAD

City GREENWICH State CT Zip Code 06830-4817

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

Name of Employer BARCLAYS CAPITAL Occupation TRADER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 15 / 2012**

**Transaction ID : SA11.6689**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

SEE REATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES PARKHURST**

Mailing Address 93 OLD CHURCH ROAD

City GREENWICH State CT Zip Code 06830-4817

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

Name of Employer BARCLAYS CAPITAL Occupation TRADER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 18 / 2012**

**Transaction ID : SA11.6689B**

Amount of Each Receipt this Period  
**-250.00**

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**HILARY PARKHURST**

Mailing Address 93 OLD CHURCH ROAD

City GREENWICH State CT Zip Code 06830-4817

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 18 / 2012**

**Transaction ID : SA11.6838**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

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

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 103 OF 306

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**HILARY PARKHURST**  
 Mailing Address 93 OLD CHURCH ROAD  
 City State Zip Code  
 GREENWICH CT 06830-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A HOMEMAKER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 18 2012  
**Transaction ID : SA11.6767**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SAM PATTON**  
 Mailing Address 20 WOODCREST DRIVE  
 City State Zip Code  
 HOPEWELL JUNCTION NY 12533-6330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 17 2012  
**Transaction ID : SA11.6731**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT M. PAWENSKI**  
 Mailing Address 9 FAIR OAKS DRIVE  
 City State Zip Code  
 POUGHKEEPSIE NY 12603-5442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EMBROIDME OF POUGHKEEPSIE OWNER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 20 2012  
**Transaction ID : SA11.6306**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

850.00

**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 104 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT M. PAWENSKI**

Mailing Address **9 FAIR OAKS DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-5442**

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

Name of Employer **EMBROIDME OF POUGHKEEPSIE** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 06 / 2012**

**Transaction ID : SA11.6615**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**L. WILLIAM PAXON**

Mailing Address **4004 SHARP PLACE**

City **ALEXANDRIA** State **VA** Zip Code **22304-1736**

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

Name of Employer **AKIN GUMP STRAUS HAUER & FELD LLP** Occupation **SENIOR ADVISOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6702**

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

**C.** Full Name (Last, First, Middle Initial)  
**DAHLIA PENACHIO**

Mailing Address **6849 GRENADIER BLVD., #1205**

City **NAPLES** State **FL** Zip Code **34108-7237**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : SA11.6287**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1700.00**



**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 105 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JERRY PENSO**

Mailing Address 522 QUEEN ST

City ALEXANDRIA State VA Zip Code 22314-2513

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

Name of Employer AMGA Occupation CHIEF MEDICAL OFFICER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : SA11.6320**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JERRY PENSO**

Mailing Address 522 QUEEN ST

City ALEXANDRIA State VA Zip Code 22314-2513

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

Name of Employer AMGA Occupation CHIEF MEDICAL OFFICER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11.6771**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARSHAL PERIS**

Mailing Address 45 ROCK SHELTER ROAD

City WACCABUC State NY Zip Code 10597-1035

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : SA11.7101**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 106 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>CHARLES J. PERSICO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 112 MASON STREET		<b>Transaction ID : SA11.6929</b>
City GREENWICH	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PERBAR SALES CORPORATION	Occupation REAL ESTATE DEVELOPER	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>TED PETRILLO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 200 WESTAGE BUSINESS CENTER, SUITE		<b>Transaction ID : SA11.6938</b>
City FISHKILL	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer WESTAGE COMPANIES	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>MR. DAVID PETROVITS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2012
Mailing Address 120 HUDSON POINTE DRIVE		<b>Transaction ID : SA11.6727</b>
City POUGHKEEPSIE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RANDART REALTY	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1075.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MARTIN B. PHILLIPS**

Mailing Address 62 WALLING ROAD

City WARWICK State NY Zip Code 10990-2300

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

Name of Employer SELF Occupation REAL ESTATE MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7209**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1 GRANT DRIVE

City CHAPPAQUA State NY Zip Code 10514-1205

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

Name of Employer JPMORGAN Occupation BANKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11.6769**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRANK PLIMPTON**

Mailing Address 450 LAKE AVENUE

City GREENWICH State CT Zip Code 06830-3851

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6900**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2000.00

**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 108 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 67 RANDOM FARMS DR

City CHAPPAQUA State NY Zip Code 10514-1017

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

Name of Employer UNITEX Occupation VP SALES & MARKETING

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.6988**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 28 REICHERT CIRCLE

City WESTPORT State CT Zip Code 06880-2643

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

Name of Employer UNITEX TEXTILE RENTAL SERVICES Occupation VP OPERATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.6989**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS F. PURDON**

Mailing Address 706 E. BENT BRANCH PLACE

City GREEN VALLEY State AZ Zip Code 85614-5171

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7063**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>JOHN W. RABE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 07 / 2012
Mailing Address 210 E 47TH ST., APT 9C		<b>Transaction ID : SA11.6634</b>
City NEW YORK	State NY	
Zip Code 10017-2106		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer PGM, INC	Occupation SALES	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>JOHN W. RABE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 210 E 47TH ST., APT 9C		<b>Transaction ID : SA11.7091</b>
City NEW YORK	State NY	
Zip Code 10017-2106		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer PGM, INC	Occupation SALES	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>CATHLEEN RAFFAELI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012
Mailing Address 5 MILLER ROAD		<b>Transaction ID : SA11.6664</b>
City POUND RIDGE	State NY	
Zip Code 10576-2205		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HAMILTON WHITE GROUP	Occupation CHIEF EXECUTIVE OFFICER	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>JOHN RAFFAELI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012
Mailing Address 5 MILLER ROAD		<b>Transaction ID : SA11.6663</b>
City POUND RIDGE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SPORTS REWARDS PARK	Occupation CHIEF OF HUMAN CAPITAL	CONTRIBUTION
Receipt For: 2012 <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>JOHN RAFFAELI, III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address 300 BROAD STREET		<b>Transaction ID : SA11.7031</b>
City STAMFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer FRACTAL ADVISORS	Occupation CONSULTANT	CONTRIBUTION
Receipt For: 2012 <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>JACK M. RAPPORT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2012
Mailing Address 17 DEEPWOOD DRIVE		<b>Transaction ID : SA11.6552</b>
City CHAPPAQUA	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer THE BIRKHILL GROUP, LLC	Occupation CONSULTANT	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY J. REDFIELD**

Mailing Address 180 DEAN ROAD

City State Zip Code  
STORMVILLE NY 12582-5803

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

Name of Employer Occupation  
IBM CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 18 / 2012

**Transaction ID : SA11.6765**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HERBERT H. REDL**

Mailing Address 80 WASHINGTON STREET, #100

City State Zip Code  
POUGHKEEPSIE NY 12601-2316

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

Name of Employer Occupation  
HERB REDL PROPERTIES OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2012

**Transaction ID : SA11.6644**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PETER J. REGNA**

Mailing Address 45 SPEAR ROAD

City State Zip Code  
RAMSEY NJ 07446-1221

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

Name of Employer Occupation  
AERO TEC LABORATORIES ENGINEER

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7201**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**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 112 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JONATHAN R. REYNOLDS**

Mailing Address 481 OLD ALBANY POST ROAD

City State Zip Code  
GARRISON NY 10524-3721

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

Name of Employer Occupation  
SELF WRITER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 31 2012

**Transaction ID : SA11.6548**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JONATHAN R. REYNOLDS**

Mailing Address 481 OLD ALBANY POST ROAD

City State Zip Code  
GARRISON NY 10524-3721

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

Name of Employer Occupation  
SELF WRITER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 29 2012

**Transaction ID : SA11.7058**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRANK RICHARDSON**

Mailing Address 245 PARK AVE. 41ST FLOOR

City State Zip Code  
NEW YORK NY 10167-0002

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

Name of Employer Occupation  
F.E. RICHARDSON & CO. INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 30 2012

**Transaction ID : SA11.6368**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

3550.00



**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 113 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**STUART RICKETT**

Mailing Address **5 WARREN ROAD**

City **CROTON ON HUDSON** State **NY** Zip Code **10520-1511**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6694**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STANLEY H. RIVELES**

Mailing Address **29 INNSBRUCK BLVD.**

City **HOPEWELL JUNCTION** State **NY** Zip Code **12533-8315**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 06 / 2012**

**Transaction ID : SA11.6619**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE E. ROACH**

Mailing Address **P.O. BOX 228**

City **POUND RIDGE** State **NY** Zip Code **10576-0228**

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

Name of Employer **GER INDUSTRIES, INC.** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : SA11.6420**

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

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

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

**1700.00**

**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 114 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**RAND RAND RODGERS**

Mailing Address **91 WEAVER STREET**

City **GREENWICH** State **CT** Zip Code **06831-4300**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7106**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY A. ROSEN**

Mailing Address **1723 FOREST LANE**

City **MCLEAN** State **VA** Zip Code **22101-3323**

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

Name of Employer **KIRKLAND & ELLIS** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.6249**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL ROSENBERG**

Mailing Address **7 BERRY BROOK CIRCLE**

City **CHAPPAQUA** State **NY** Zip Code **10514-1624**

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

Name of Employer **NORTHERN WESTCHESTER SURGICAL** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7120**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JANUSZ Z. RUDNICKI**

Mailing Address 20 MANOR DRIVE

City State Zip Code  
GOLDENS BRIDGE NY 10526-1204

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 30 2012

**Transaction ID : SA11.6538**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JANUSZ Z. RUDNICKI**

Mailing Address 20 MANOR DRIVE

City State Zip Code  
GOLDENS BRIDGE NY 10526-1204

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 19 2012

**Transaction ID : SA11.6776**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SHANNON M. RUSSELL**

Mailing Address 4277 35TH ST. S, APT. B-1

City State Zip Code  
ARLINGTON VA 22206-1833

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

Name of Employer Occupation  
AARP FED. STRATEGY ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 16 2012

**Transaction ID : SA11.6248**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**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 116 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICIA A. RYAN**

Mailing Address **46 HARDCRABBLE ROAD**

City **PORT JERVIS** State **NY** Zip Code **12771-3220**

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

Name of Employer **FIDELITY INVESTMENT** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 25 / 2012**

**Transaction ID : SA11.6317**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JUSTIN SANDLER**

Mailing Address **26 RAQUET ROAD**

City **NEWBURGH** State **NY** Zip Code **12550-5715**

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

Name of Employer **SELF** Occupation **CONTRACTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2012**

**Transaction ID : SA11.5995**

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

**C.** Full Name (Last, First, Middle Initial)  
**FLORENCE C. SANTINI**

Mailing Address **30 FOREST DRIVE**

City **PORT JERVIS** State **NY** Zip Code **12771-5223**

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

Name of Employer **TOWN OF DEERPARK** Occupation **TOWN CLERK**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11.5979**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**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: (check only one)	PAGE 117 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**FLORENCE C. SANTINI**

Mailing Address **30 FOREST DRIVE**

City **PORT JERVIS** State **NY** Zip Code **12771-5223**

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

Name of Employer **TOWN OF DEERPARK** Occupation **TOWN CLERK**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 30 / 2012**

**Transaction ID : SA11.6539**

Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT L. SAVAGE**

Mailing Address **105 BALSAM SQ.**

City **POUGHKEEPSIE** State **NY** Zip Code **12601-4848**

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

Name of Employer **ST. FRANCIS** Occupation **HOSPITAL EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6732**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT L. SAVAGE**

Mailing Address **105 BALSAM SQ.**

City **POUGHKEEPSIE** State **NY** Zip Code **12601-4848**

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

Name of Employer **ST. FRANCIS** Occupation **HOSPITAL EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6948**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**525.00**

**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 118 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN SCHACHNE**

Mailing Address 17 MOHAWK TRAIL

City KATONAH State NY Zip Code 10536-2908

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6982**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAMIAN SCHAIBLE**

Mailing Address 51 W. 126TH STREET, #1

City NEW YORK State NY Zip Code 10027-3810

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

Name of Employer DAVIS POLK Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7142**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALEX SCHUETTENBERG**

Mailing Address 2544 SE VICKSBURG ST

City BARTLESVILLE State OK Zip Code 74006-7583

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 24 / 2012**

**Transaction ID : SA11.6527**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**3150.00**

**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 119 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address P.O. BOX 1106

City PORT JERVIS State NY Zip Code 12771-0151

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

Name of Employer SELD-EMPLOYED Occupation ACCOUNTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.6587**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 431

City SOUTH SALEM State NY Zip Code 10590-0431

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2012

**Transaction ID : SA11.6514**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 24 UPLAND DRIVE

City CHAPPAQUA State NY Zip Code 10514-2804

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

Name of Employer TACONIC CAPITAL ADVISORS, LP Occupation PORTFOLIO MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

**Transaction ID : SA11.6676**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

4750.00

**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 120 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER SCLAFANI**

Mailing Address **36 GELLATLY DRIVE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-6478**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 30 / 2012**

**Transaction ID : SA11.7096**

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

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

Mailing Address **9 DEER CREEK LANE**

City **MOUNT KISCO** State **NY** Zip Code **10549-3707**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 17 / 2012**

**Transaction ID : SA11.6471**

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

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

Mailing Address **9 DICKSON LANE**

City **MOUNT KISCO** State **NY** Zip Code **10549-1124**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**07 / 25 / 2012**

**Transaction ID : SA11.6319**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

**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 121 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**F MICHAEL SHAW**

Mailing Address **2 CHERRY HILL COURT**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510-1245**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2012**

**Transaction ID : SA11.6606**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRENDA B. SHERIDAN**

Mailing Address **842 CAL COVE DRIVE**

City **FORT MYERS** State **FL** Zip Code **33919-6003**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6994**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HOWARD M. SHERIDAN**

Mailing Address **842 CAL COVE DRIVE**

City **FORT MYERS** State **FL** Zip Code **33919-6003**

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

Name of Employer **21ST CENTURY ONCOLOGY** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6993**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**5500.00**

**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 122 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**LLOYD J. SHULMAN**

Mailing Address **ROCKRIDGE FARM 961, ROUTE 52**

City **CARMEL** State **NY** Zip Code **10512-4733**

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

Name of Employer **WEISTEIN ENTERPRISES, INC.** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.6999**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRANK V. SICA**

Mailing Address **3 WESTWAY**

City **BRONXVILLE** State **NY** Zip Code **10708-4310**

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

Name of Employer **SOROS FUND MANAGEMENT** Occupation **FINANCE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.7010**

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

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

Mailing Address **137 RIVERSIDE DRIVE, #6D**

City **NEW YORK** State **NY** Zip Code **10024-3721**

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

Name of Employer **AMBROSE EMPLOYER GROUP, LLC** Occupation **C.E.O.**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 13 / 2012**

**Transaction ID : SA11.6**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**[MEMO ITEM]**  
 SEE JULY QUARTERLY REPORT REDESIGNATION BELOW

**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: PAGE 123 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address 137 RIVERSIDE DRIVE, #6D

City NEW YORK State NY Zip Code 10024-3721

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

Name of Employer **AMBROSE EMPLOYER GROUP, LLC** Occupation **C.E.O.**

Receipt For: 2010  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11.6345**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address 137 RIVERSIDE DRIVE, #6D

City NEW YORK State NY Zip Code 10024-3721

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

Name of Employer **AMBROSE EMPLOYER GROUP, LLC** Occupation **C.E.O.**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11.7**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATED**

**C.** Full Name (Last, First, Middle Initial)  
**LEONARD I. SLOVIN**

Mailing Address 3522 FREDERICK STREET

City OCEANSIDE State NY Zip Code 11572-4714

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

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

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.6586**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**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 124 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES P. SMITH JR.**

Mailing Address 12 EAGLES WAY

City MIDDLETOWN State NY Zip Code 10940-2674

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

Name of Employer ADVANCE TESTING COMPANY, INC. Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2012

**Transaction ID : SA11.6443**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 44 DRAKE RD.

City SCARSDALE State NY Zip Code 10583-6465

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

Name of Employer LSTA Occupation EXECUTIVE DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : SA11.6255**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD B. SMITH**

Mailing Address 44 DRAKE RD.

City SCARSDALE State NY Zip Code 10583-6465

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

Name of Employer LSTA Occupation EXECUTIVE DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7001**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**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: (check only one)	PAGE 125 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD B. SMITH**

Mailing Address 44 DRAKE RD.

City SCARSDALE State NY Zip Code 10583-6465

FEC ID number of contributing federal political committee.

Name of Employer LSTA Occupation EXECUTIVE DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7012**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN M. M. SOLD**

Mailing Address 2 HIXSON ROAD

City CROTON ON HUDSON State NY Zip Code 10520-2140

FEC ID number of contributing federal political committee.

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.6984**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 30 GRIFFEN AVE.

City SCARSDALE State NY Zip Code 10583-7661

FEC ID number of contributing federal political committee.

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2012

**Transaction ID : SA11.6532**

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM D. SPAIN**

Mailing Address 191 EAST LAKE BLVD.

City MAHOPAC State NY Zip Code 10541-1701

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

Name of Employer SPAIN & SPAIN, PC Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : SA11.6502**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY SPENCER, MD**

Mailing Address 5 CARYL LANE

City HARRISON State NY Zip Code 10528-1901

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

Name of Employer NORTHERN WESTCHESTER ANESTHESIA S Occupation PHYSICIAN - ANESTHESIOLOGIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2012

**Transaction ID : SA11.6786**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT A. SPOLZINO**

Mailing Address 88 GRANDVIEW DRIVE

City MOUNT KISCO State NY Zip Code 10549-1824

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

Name of Employer WILSON ELSER MOSKOWITZ ET AL Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11.6472**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**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 127 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JONATHAN L. STANLEY**

Mailing Address **357 SARLES STREET**

City **MT. KISCO** State **NY** Zip Code **10549-4737**

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

Name of Employer **GLENMEDE** Occupation **MANAGING DIRECTOR PORTFOLIO MANAG**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2012**

**Transaction ID : SA11.7227**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETER D. STANO**

Mailing Address **52 PLEASANT DRIVE**

City **BREWSTER** State **NY** Zip Code **10509-3918**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6844**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOSHUA STEIN**

Mailing Address **59 EAST 54TH STREET, SUITE 22**

City **NEW YORK** State **NY** Zip Code **10022-9222**

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

Name of Employer **JOSHUA STEIN PLLC** Occupation **REAL ESTATE ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6904**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**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 128 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JOSHUA STEIN**

Mailing Address 59 EAST 54TH STREET, SUITE 22

City State Zip Code  
NEW YORK NY 10022-9222

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

Name of Employer Occupation  
JOSHUA STEIN PLLC REAL ESTATE ATTORNEY

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.7190**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 650 MADISON AVENUE, 17TH FLOOR

City State Zip Code  
NEW YORK NY 10022-1029

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

Name of Employer Occupation  
STEINHARDT MANAGEMENT CO., LLC PRIVATE MONEY MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6437**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

SEE REATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JUDY STEINHARDT**

Mailing Address 650 MADISON AVENUE, 17TH FLOOR

City State Zip Code  
NEW YORK NY 10022-1029

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

Name of Employer Occupation  
N/A UNEMPLOYED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6438**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION / REDESIGNATION REQUESTED  
 (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

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

5250.00



**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 129 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

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

Mailing Address **650 MADISON AVENUE, 17TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10022-1029**

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

Name of Employer **STEINHARDT MANAGEMENT CO., LLC** Occupation **PRIVATE MONEY MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : SA11.6437B**

Amount of Each Receipt this Period  
**-2500.00**

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**SOLOMON S. STEINER**

Mailing Address **24 OLD WAGON ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-4901**

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

Name of Employer **STEINER VENTURES** Occupation **MANAGING PARTNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5560.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2012**

**Transaction ID : SA11.1**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**[MEMO ITEM]  
SEE PRE-PRIMARY REPORT REATTRIBUTION BELOW**

**C.** Full Name (Last, First, Middle Initial)  
**CAROL STEINER**

Mailing Address **24 OLD WAGON ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-4901**

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

Name of Employer **SELF EMPLOYED** Occupation **FUND RAISER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **560.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2012**

**Transaction ID : SA11.5996**

Amount of Each Receipt this Period  
**560.00**

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

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

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

**0.00**

**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 130 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**SOLOMON S. STEINER**

Mailing Address **24 OLD WAGON ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-4901**

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

Name of Employer **STEINER VENTURES** Occupation **MANAGING PARTNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2012**

**Transaction ID : SA11.5997**

Amount of Each Receipt this Period  
**-560.00**

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**B.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH M. STENGER**

Mailing Address **1136 ROUTE 9**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-4905**

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

Name of Employer **VERGILIS, STENGER, ROBERTS, LLC** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6726**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SARAH M. STERN**

Mailing Address **108 ARDSLEY ROAD**

City **SCARSDALE** State **NY** Zip Code **10583-3629**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2012**

**Transaction ID : SA11.6589**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**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: PAGE 131 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**WALTER P. STERN**  
 Mailing Address 630 FIFTH AVE., 36TH FLOOR  
 City State Zip Code  
 NEW YORK NY 10111-3600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HUDSON INSTITUTE CHAIRMAN  
 Receipt For: 2012  
 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 / 2012  
**Transaction ID : SA11.7212**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROY A. STILLMAN**  
 Mailing Address 72 GIRDLE RIDGE DRIVE  
 City State Zip Code  
 KATONAH NY 10536-3813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STILLMAN MANAGEMENT REALTOR  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012  
**Transaction ID : SA11.6585**  
 Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL STRICKBERGER**  
 Mailing Address 30 PETERSVILLE ROAD  
 City State Zip Code  
 MOUNT KISCO NY 10549-4514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DSM CAPITAL PARTNERS OWNER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2012  
**Transaction ID : SA11.6577**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

2000.00

**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 132 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**LAURA J. STURZ**

Mailing Address **6 AUTUMN RIDGE ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-1400**

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

Name of Employer **LINDA'S COOKIES** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6922**

Amount of Each Receipt this Period  
**350.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL STURZ**

Mailing Address **6 AUTUMN RIDGE ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-1400**

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

Name of Employer **LINDEN'S** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.6856**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT STYLES**

Mailing Address **3609 N. ROCKINGHAM ST.**

City **ARLINGTON** State **VA** Zip Code **22213-1429**

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

Name of Employer **C2 GROUP** Occupation **CONSULTANT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11.6675**

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

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

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

**2600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1765.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2012

**Transaction ID : SA11.6269**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1765.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2012

**Transaction ID : SA11.6270**

Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1765.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2012

**Transaction ID : SA11.6271**

Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

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

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

110.00

**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 134 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1765.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2012

**Transaction ID : SA11.7292**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1765.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2012

**Transaction ID : SA11.7293**

Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1765.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2012

**Transaction ID : SA11.7294**

Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

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

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

110.00

**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 135 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1765.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.7306**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1765.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.7307**

Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1765.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.7308**

Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

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

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

110.00

**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 136 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM SULLIVAN**

Mailing Address 135 FIVE MILE RIVER RD

City DARIEN State CT Zip Code 06820-6235

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

Name of Employer BRIGHTON HEALTH PARTNERS Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : SA11.7114**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL P. SWEETON**

Mailing Address 173 SANFORDVILLE ROAD

City WARWICK State NY Zip Code 10990-2849

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

Name of Employer TECHNI-GROWERS GREENHOUSES, INC. Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6415**

Amount of Each Receipt this Period  
 180.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD T. THOMPSON**

Mailing Address 11 COTSWOLD DRIVE

City NORTH SALEM State NY Zip Code 10560-2708

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2012

**Transaction ID : SA11.6493**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

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

2930.00



**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 137 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PETER TOMASIC**

Mailing Address **206 OLD HOPEWELL ROAD**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-4455**

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

Name of Employer **TIRE KING OF WAPPINGERS FALLS** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6937**

Amount of Each Receipt this Period  
**125.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KATHLEEN TRAMONTOZZI**

Mailing Address **326 MCLAIN STREET**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2229**

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

Name of Employer **JP MORGAN** Occupation **INVESTMENT BANKING**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2012**

**Transaction ID : SA11.6884**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **4 TIMBERLINE DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-5525**

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

Name of Employer **IBM** Occupation **FINANCIAL ANALYST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 06 / 2012**

**Transaction ID : SA11.6622**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**RYAN TRIPLETTE**

Mailing Address 1512 KINGMAN PLACE, NW

City WASHINGTON State DC Zip Code 20005-3709

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

Name of Employer FRANKLIN SQUARE GROUP Occupation LOBBYIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2012

**Transaction ID : SA11.6671**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HEATHER TRIVEDI**

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

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

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7033**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

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

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7033B**

Amount of Each Receipt this Period  
 -2500.00  
 CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION TO PRIMARY

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

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

5500.00

**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 139 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**HEATHER TRIVEDI**

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

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

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7272**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**ARTHUR T. TROVEI**

Mailing Address 21 RTE. 6

City PORT JERVIS State NY Zip Code 12771-2330

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

Name of Employer ARTHUR TROVEI & SONS INC. Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6411**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 600 RT. 44, 55 ROCKING HORSE RANCH

City HIGHLAND State NY Zip Code 12528

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

Name of Employer ROCKING HORSE RANCH Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2012

**Transaction ID : SA11.6650**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**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 140 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT VALLAR**

Mailing Address **21 BISBEE LANE**

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

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

Name of Employer **GUARD HILL ADVISORS** Occupation **INVESTMENT ADVISOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2012**

**Transaction ID : SA11.6880**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SALLY A. VASTOLA**

Mailing Address **154 PARK LEDGE DRIVE**

City **AMHERST** State **NY** Zip Code **14226-3925**

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

Name of Employer **NIXON & PEABODY, LLP** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.6245**

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

**C.** Full Name (Last, First, Middle Initial)  
**LUCY WALETZKY**

Mailing Address **1301 BEDFORD ROAD**

City **PLEASANTVILLE** State **NY** Zip Code **10570-3914**

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

Name of Employer **SELF** Occupation **PSYCHIATRIST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2012**

**Transaction ID : SA11.6878**

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

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

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

**5500.00**

**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 141 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS D. WEDDELL**

Mailing Address 12 HERITAGE LANE

City State Zip Code  
ROCK TAVERN NY 12575-5127

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

Name of Employer Occupation  
VANACORE DEBENEDICTUS DIGOVANNI & V CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6342**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CARL D. WEINBERG**

Mailing Address 52 WEST LANE

City State Zip Code  
POUND RIDGE NY 10576-1622

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

Name of Employer Occupation  
SCHIARETTI, CORGAN ET AL ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1860.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : SA11.7113**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 45 BREVOORT ROAD

City State Zip Code  
CHAPPAQUA NY 10514-3503

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

Name of Employer Occupation  
HUSHES HUBBARD ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2012

**Transaction ID : SA11.6772**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

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

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

1800.00

**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 142 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**SHARON L. WEINER**

Mailing Address 131 S. BEDFORD ROAD

City State Zip Code  
POUND RIDGE NY 10576-2017

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2012

**Transaction ID : SA11.6766**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALFONSO WEINLEIN**

Mailing Address 39 ROUND HILL ROAD

City State Zip Code  
POUGHKEEPSIE NY 12603-5133

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

Name of Employer Occupation  
SELF PRODUCER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SA11.6750**

Amount of Each Receipt this Period  
400.00  
CONTRIBUTION

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

Mailing Address 8 SETTLERS COURT

City State Zip Code  
POUGHKEEPSIE NY 12603-6229

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

Name of Employer Occupation  
IBM CORP DESIGN ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2012

**Transaction ID : SA11.6891**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**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 143 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**GARY B. WENICK**

Mailing Address P.O. BOX 314

City KATONAH State NY Zip Code 10536-0314

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11.6347**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANNMARIE WESTERMANN**

Mailing Address 7 MEGHAN CT

City HOPEWELL JUNCTION State NY Zip Code 12533-6950

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
345.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2012

**Transaction ID : SA11.6536**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GENE WEXLER**

Mailing Address 4 HERKIMER ROAD

City SCARSDALE State NY Zip Code 10583-7615

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

Name of Employer ASCENA RETAIL GROUP, INC. Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.6986**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**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 144 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN T. WHELAN**

Mailing Address 165 WEST END AVENUE, #20D

City NEW YORK State NY Zip Code 10023-5512

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

Name of Employer SNR DENTON US, LLP Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11.6811**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH WILLIG**

Mailing Address 124 LANE GATE ROAD

City COLD SPRING State NY Zip Code 10516-3530

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

Name of Employer SUTHERLAND ASBILL & BRENNAN LLP Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11.6842**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH M. WILSON**

Mailing Address 54 BELDEN RD.

City CARMEL State NY Zip Code 10512-1017

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

Name of Employer SAFE FLIGHT Occupation MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11.6818**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

CONTRIBUTION

**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 145 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**DOREEN WRAY ROTH**

Mailing Address **84 DANN FARM ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2110**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 20 / 2012**

**Transaction ID : SA11.6781**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DOREEN WRAY ROTH**

Mailing Address **84 DANN FARM ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2110**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6899**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. STUART E. WUNSH**

Mailing Address **6 NUTTING PL**

City **WEST CALDWELL** State **NJ** Zip Code **07006-7002**

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

Name of Employer **NORTH JERSEY EYE** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 10 / 2012**

**Transaction ID : SA11.6665**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**950.00**

**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 146 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>MITCHELL A YELEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2012	
Mailing Address 8925 SW 102 TERRACE		<b>Transaction ID : SA11.6494</b>	
City MIAMI	State FL	Zip Code 33176-3013	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation TAX ATTORNEY		
Receipt For: 2012 <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>JOHN ZACHARIA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2012	
Mailing Address 5023 RT. 9W		<b>Transaction ID : SA11.6393</b>	
City NEWBURGH	State NY	Zip Code 12550-1946	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ALEXIS DINER	Occupation OWNER		
Receipt For: 2012 <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>JOE ZAINO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012	
Mailing Address 45 INDIAN HILL ROAD		<b>Transaction ID : SA11.7112</b>	
City POUND RIDGE	State NY	Zip Code 10576-1730	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation CPA		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**DEAN ZARRAS**

Mailing Address **12 OLD LOGGING ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1625**

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

Name of Employer **SESCO ENTERPRISES, LLC** Occupation **C.T.O.**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 14 / 2012**

**Transaction ID : SA11.6677**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FEDERAL OFFICE REPUBLICANS OF NEW YORK**

Mailing Address **P.O. BOX 22**

City **TUXEDO** State **NY** Zip Code **10987**

FEC ID number of contributing federal political committee. **C C00488809**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 30 / 2012**

**Transaction ID : SA11.1462**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

**[MEMO ITEM]**  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
**STEVE MAYO**

Mailing Address **237 WINDING BROOK ROAD**

City **NEW ROCHELLE** State **NY** Zip Code **10804-1920**

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

Name of Employer **SELF** Occupation **ACCOUNTANT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 01 / 2012**

**Transaction ID : SA11.7273**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

EARMARKED THROUGH FED. OFFICE REPUBLICANS OF NEW YORK PAC. CONDUIT RECEIVED 8/25/12

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

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

**650.00**

**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 148 OF 306
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**FEDERAL OFFICE REPUBLICANS OF NEW YORK**

Mailing Address P.O. BOX 22

City TUXEDO State NY Zip Code 10987

FEC ID number of contributing federal political committee. **C** C00488809

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.1574**

Amount of Each Receipt this Period  
 450.00

CONTRIBUTION

**[MEMO ITEM]**  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 179 CONTINENTAL ROAD

City TUXEDO PARK State NY Zip Code 10987-4042

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

Name of Employer Occupation  
 MW LAW ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.7275**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

EARMARKED THROUGH FEDERAL OFFICE REPUBLICANS OF NEW YORK. CONDUIT RECEIVED 8/7/12

**C.** Full Name (Last, First, Middle Initial)  
**ANNA SHAW**

Mailing Address 126 TOWER HILL RD.

City TUXEDO PARK State NY Zip Code 10987-4200

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

Name of Employer Occupation  
 N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.7274**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

EARMARKED THROUGH FEDERAL OFFICE REPUBLICANS OF NEW YORK. CONDUIT RECEIVED 08/07/12

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

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

450.00

286465.00

**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 149 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**AUSTIN SCOTT FOR CONGRESS**

Mailing Address P.O. BOX 2530

City TIFTON State GA Zip Code 31793-2530

FEC ID number of contributing federal political committee. **C C00482737**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11.6389**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AUSTIN SCOTT FOR CONGRESS**

Mailing Address P.O. BOX 2530

City TIFTON State GA Zip Code 31793-2530

FEC ID number of contributing federal political committee. **C C00482737**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.6604**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF RICH NUGENT**

Mailing Address P.O. BOX 15668

City BROOKSVILLE State FL Zip Code 34604-0122

FEC ID number of contributing federal political committee. **C C00482281**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.6605**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2000.00

**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 150 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**HOOSIERS FOR ROKITA**

Mailing Address 7643 E. U.S. 36

City AVON State IN Zip Code 46123

FEC ID number of contributing federal political committee. **C** C00476192

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.6465**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN CARTER FOR CONGRESS**

Mailing Address P.O. BOX 6930

City ROUND ROCK State TX Zip Code 78683-6930

FEC ID number of contributing federal political committee. **C** C00371203

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6433**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROONEY FOR CONGRESS**

Mailing Address 2336 SE OCEAN BLVD., #313

City STUART State FL Zip Code 34996-3310

FEC ID number of contributing federal political committee. **C** C00432906

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.6470**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 151 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**STUTZMAN FOR CONGRESS**

Mailing Address 250 W 600 N

City HOWE State IN Zip Code 46746-9476

FEC ID number of contributing federal political committee. **C C00484683**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**242.66**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : SA11.7251**

Amount of Each Receipt this Period  
**69.58**

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

**B.** Full Name (Last, First, Middle Initial)  
**WOODALL FOR CONGRESS**

Mailing Address P.O. BOX 1871

City LAWRENCEVILLE State GA Zip Code 30046-1871

FEC ID number of contributing federal political committee. **C C00482307**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6912**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BOB LACOLLA FOR FISKILL**

Mailing Address P.O. BOX 26

City FISHKILL State NY Zip Code 12524-0026

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6753**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

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

**2169.58**

**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 152 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. CITIZENS FOR DEPEW**

Full Name (Last, First, Middle Initial)  
Mailing Address 348 PROSPEROUS VALLEY RD

City MIDDLETOWN State NY Zip Code 10940-8708

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11.6373**

Amount of Each Receipt this Period  
 180.00  
 CONTRIBUTION

**B. CITIZENS TO ELECT JOHN BONACIC**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 425

City NEW HAMPTON State NY Zip Code 10958-0425

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11.6374**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. FRIENDS OF PETER MICHAELIS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 27

City BEDFORD State NY Zip Code 10506-0027

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7226**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1180.00



**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 153 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**FRIENDS TO ELECT DONNA BENSON**

Mailing Address 229 MT. EVE RD

City State Zip Code  
GOSHEN NY 10924-7015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
195.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.6454**

Amount of Each Receipt this Period  
 130.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION**

Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6328**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ADVANCED MEDICAL TECHNOLOGY ASSN. PAC**

Mailing Address 701 PENNSYLVANIA AVENUE, N.W., #80

City State Zip Code  
WASHINGTON DC 20004-2654

FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11.6305**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2630.00

**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 154 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. Full Name (Last, First, Middle Initial)**  
**AEGON USA, LLC / TRANSAMERICA CORP PAC**

Mailing Address 1001 PENNSYLVANIA AVE., NW, STE 50

City WASHINGTON State DC Zip Code 20004-2576

FEC ID number of contributing federal political committee. **C C00236414**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7024**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**B. Full Name (Last, First, Middle Initial)**  
**AETNA, INC. PAC**

Mailing Address 20 F STREET, N.W., #350

City WASHINGTON State DC Zip Code 20001-6706

FEC ID number of contributing federal political committee. **C C00181826**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7017**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

CONTRIBUTION

**C. Full Name (Last, First, Middle Initial)**  
**AGSH&F CIVIC ACTION COMMITTEE**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036-1500

FEC ID number of contributing federal political committee. **C C00104901**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : SA11.7252**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

IN-KIND: FUNDRAISING CONSULTING

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 7000.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**AMER. SOCIETY OF PLASTIC SURGEONS PAC**

Mailing Address 20 F STREET, N.W., #310A

City WASHINGTON State DC Zip Code 20001-6700

FEC ID number of contributing federal political committee. **C C00249342**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.6466**

Amount of Each Receipt this Period  
 3000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOC. OF CLINICAL UROLOGISTS PAC**

Mailing Address 1100 E. WOODFIELD ROAD, #520

City SCHAUMBURG State IL Zip Code 60173-5125

FEC ID number of contributing federal political committee. **C C00273003**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7174**

Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS**

Mailing Address 25 MASSACHUSETTS AVE., NW, STE. 55

City WASHINGTON State DC Zip Code 20001-1408

FEC ID number of contributing federal political committee. **C C00173153**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7181**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9000.00

**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 156 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC**

Mailing Address 1120 CONNECTICUT AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6756**

Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF CARDIOLOGY PAC**

Mailing Address 2400 N STREET, NW

City	State	Zip Code
WASHINGTON	DC	20037-1153

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11.6385**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION PAC**

Mailing Address 1111 14TH STREET, N.W., #1100

City	State	Zip Code
WASHINGTON	DC	20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11.6815**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9000.00

**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 157 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN FINANCIAL SERVICES ASSN. PAC**

Mailing Address 919 18TH STREET, N.W., #300

City WASHINGTON State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C C00038604**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.6601**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN HEALTH CARE ASSOCIATION PAC**

Mailing Address 1201 L STREET, NW

City WASHINGTON State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6699**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN INSURANCE ASSOCIATION PAC**

Mailing Address 1130 CONNECTICUT AVE., NW, SUITE 1

City WASHINGTON State DC Zip Code 20036-3910

FEC ID number of contributing federal political committee. **C C00103143**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11.6308**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 4500.00

\_\_\_\_\_

**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 158 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION PAC**

Mailing Address 25 MASSACHUSETTS AVENUE, N.W., #60

City WASHINGTON State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6324**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN PHYSICAL THERAPY ASSOCIATION**

Mailing Address 1111 N FAIRFAX ST

City ALEXANDRIA State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6959**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ARCELORMITTAL USA GOOD GOVMT COMM**

Mailing Address 1808 EYE STREET, NW, 5TH FLOOR

City WASHINGTON State DC Zip Code 20006-5416

FEC ID number of contributing federal political committee. **C C00104109**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6761**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**ARDA-ROC PAC**

Mailing Address 1201 15TH STREET, N.W., #400

City WASHINGTON State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00358663

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7177**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ASPLUNDH TREE EXPERT CO. PAC**

Mailing Address 708 BLAIR MILL ROAD

City WILLOW GROVE State PA Zip Code 19090-1701

FEC ID number of contributing federal political committee. **C** C00177741

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6962**

Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED GENERAL CONTRACTORS OF AMER. PAC**

Mailing Address 2300 WILSON BLVD., STE 400

City ARLINGTON State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : SA11.6511**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

11500.00

**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 160 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. ASSOCIATED GENERAL CONTRACTORS OF AMER. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2300 WILSON BLVD., STE 400

City ARLINGTON State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C C00082917**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7183**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. ASTELLAS US LLC PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 ASTELLAS WAY

City NORTHBROOK State IL Zip Code 60062-6111

FEC ID number of contributing federal political committee. **C C00444885**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7025**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. AT&T, INC. FEDERAL PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 208 S. AKARD STREET, #2701

City DALLAS State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6927**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00



**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 161 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**AUTOMOTIVE FREE INTL. TRADE PAC**

Mailing Address 1625 PRINCE STREET, #225

City State Zip Code  
ALEXANDRIA VA 22314-2882

FEC ID number of contributing federal political committee. **C C00250399**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

**Transaction ID : SA11.6820**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AXA EQUITABLE LIFE INSURANCE CO. PAC**

Mailing Address 1290 AVENUES OF THE AMERICAS

City State Zip Code  
NEW YORK NY 10104-0101

FEC ID number of contributing federal political committee. **C C00161901**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

**Transaction ID : SA11.6827**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BANK OF AMERICA CORPORATION FEDERAL PAC**

Mailing Address 1455 PENNSYLVANIA AVENUE, N.W., #9

City State Zip Code  
WASHINGTON DC 20004-1043

FEC ID number of contributing federal political committee. **C C00364778**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11.6387**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**BASF CORPORATION EMPLOYEES' PAC**

Mailing Address 100 CAMPUS DRIVE

City State Zip Code  
FLORHAM PARK NJ 07932-1020

FEC ID number of contributing federal political committee. **C C00340075**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11.7020**

Amount of Each Receipt this Period  
5000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BOSTON SCIENTIFIC CORPORATION PAC**

Mailing Address 1 BOSTON SCIENTIFIC PLACE

City State Zip Code  
NATICK MA 01760-1536

FEC ID number of contributing federal political committee. **C C00357863**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 13 / 2012

**Transaction ID : SA11.6427**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BUILD PAC NATIONAL ASSOCIATION OF HOME BUILDERS**

Mailing Address 1201 15TH ST NW

City State Zip Code  
WASHINGTON DC 20005-2842

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA11.7180**

Amount of Each Receipt this Period  
5000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

11000.00

**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 163 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. BUSINESS-INDUSTRY PAC**

Full Name (Last, First, Middle Initial)  
**BUSINESS-INDUSTRY PAC**

Mailing Address **888 16TH STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20006-4103**

FEC ID number of contributing federal political committee. **C C00001727**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.7018**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. CABLEVISION SYSTEMS CORPORATION PAC**

Full Name (Last, First, Middle Initial)  
**CABLEVISION SYSTEMS CORPORATION PAC**

Mailing Address **1111 STEWART AVENUE**

City **BETHPAGE** State **NY** Zip Code **11714-3533**

FEC ID number of contributing federal political committee. **C C00197863**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2012**

**Transaction ID : SA11.6943**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. CHARLES SCHWAB CORPORATION PAC**

Full Name (Last, First, Middle Initial)  
**CHARLES SCHWAB CORPORATION PAC**

Mailing Address **211 MAIN STREET**

City **SAN FRANCISCO** State **CA** Zip Code **94105-1905**

FEC ID number of contributing federal political committee. **C C00370114**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 26 / 2012**

**Transaction ID : SA11.6326**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**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 164 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**CHESAPEAKE ENERGY CORP. FED-PAC**

Mailing Address P.O. BOX 18496

City State Zip Code  
OKLAHOMA CITY OK 73154-0496

FEC ID number of contributing federal political committee. **C C00389288**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6701**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHICAGO BOARD OF OPTIONS EXCHANGE PAC**

Mailing Address 400 S. LASALLE STREET

City State Zip Code  
CHICAGO IL 60605-7001

FEC ID number of contributing federal political committee. **C C00100693**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

**Transaction ID : SA11.6830**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CITIGROUP, INC. PAC-FEDERAL**

Mailing Address 1101 PENNSYLVANIA AVENUE, N.W., #1

City State Zip Code  
WASHINGTON DC 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7235**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**CME GROUP, INC. PAC**

Mailing Address **20 S. WACKER DRIVE**

City **CHICAGO** State **IL** Zip Code **60606-7431**

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2012**

**Transaction ID : SA11.6823**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COLLEGE OF AMERICAN PATHOLOGISTS PAC**

Mailing Address **1350 I STREET, N.W., #590**

City **WASHINGTON** State **DC** Zip Code **20005-3305**

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.7022**

Amount of Each Receipt this Period  
**4500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Mailing Address **P.O. BOX 80694**

City **BATON ROUGE** State **LA** Zip Code **70898-0694**

FEC ID number of contributing federal political committee. **C C00480228**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 24 / 2012**

**Transaction ID : SA11.6836**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**8000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

A. Full Name (Last, First, Middle Initial)  
**CREDIT SUISSE SECURITIES, LLC PAC**

Mailing Address 1201 F STREET, N.W., #450

City WASHINGTON State DC Zip Code 20004-1214

FEC ID number of contributing federal political committee. **C C00111559**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6944**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**CREDIT SUISSE SECURITIES, LLC PAC**

Mailing Address 1201 F STREET, N.W., #450

City WASHINGTON State DC Zip Code 20004-1214

FEC ID number of contributing federal political committee. **C C00111559**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7176**

Amount of Each Receipt this Period  
 3000.00  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**CSX CORP. GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVE., NW, STE. 5

City WASHINGTON State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

**Transaction ID : SA11.6828**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

**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 167 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**DAVITA INC. POLITICAL ACTION COMMITTEE**

Mailing Address **601 HAWAII STREET**

City **EL SEGUNDO** State **CA** Zip Code **90245-4814**

FEC ID number of contributing federal political committee. **C C00340943**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : SA11.6390**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEALERS ELECTION ACTION COMMITTEE**

Mailing Address **8400 WESTPARK DR**

City **MCLEAN** State **VA** Zip Code **22102-5116**

FEC ID number of contributing federal political committee. **C C00040998**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2012**

**Transaction ID : SA11.6307**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DEPOSITORY TRUST & CLEARING CORP.**

Mailing Address **601 13TH ST., NW, STE. 580 SOUTH**

City **WASHINGTON** State **DC** Zip Code **20005-3807**

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4816.66**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.6264**

Amount of Each Receipt this Period  
**1850.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**6350.00**

**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 168 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. DEPOSITORY TRUST & CLEARING CORP.**

Full Name (Last, First, Middle Initial)  
DEPOSITORY TRUST & CLEARING CORP.

Mailing Address 601 13TH ST., NW, STE. 580 SOUTH

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C** C00497917

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4816.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2012

**Transaction ID : SA11.7253**

Amount of Each Receipt this Period  
 650.00

CONTRIBUTION

IN-KIND: FUNDRAISING CONSULTING

**B. DYKEMA GOSSETT FEDERAL PAC**

Full Name (Last, First, Middle Initial)  
DYKEMA GOSSETT FEDERAL PAC

Mailing Address 201 TOWNSEND STREET, #900

City LANSING State MI Zip Code 48933-1529

FEC ID number of contributing federal political committee. **C** C00342113

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : SA11.6262**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. DYKEMA GOSSETT FEDERAL PAC**

Full Name (Last, First, Middle Initial)  
DYKEMA GOSSETT FEDERAL PAC

Mailing Address 201 TOWNSEND STREET, #900

City LANSING State MI Zip Code 48933-1529

FEC ID number of contributing federal political committee. **C** C00342113

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6759**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2650.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**EXELON PAC**

Mailing Address **P.O. BOX 805379**

City **CHICAGO** State **IL** Zip Code **60680-4179**

FEC ID number of contributing federal political committee. **C C00141218**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : SA11.6435**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EXPERIAN NORTH AMERICA, INC. PAC**

Mailing Address **475 ANTON BLVD.**

City **COSTA MESA** State **CA** Zip Code **92626-7037**

FEC ID number of contributing federal political committee. **C C00379768**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : SA11.6429**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FEDERAL OFFICE REPUBLICANS OF NEW YORK**

Mailing Address **236 5TH AVENUE, 9TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10001-7948**

FEC ID number of contributing federal political committee. **C C00488809**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2012**

**Transaction ID : SA11.6602**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5500.00

**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 170 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. FINANCIAL PLANNING ASSOCIATION PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1600 K STREET, N.W., #201

City WASHINGTON	State DC	Zip Code 20006-2821
FEC ID number of contributing federal political committee. <b>C</b> C00370130		
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 13 / 2012

**Transaction ID : SA11.6430**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B. FLUOR CORPORATION PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6700 LAS COLINAS BLVD.

City IRVING	State TX	Zip Code 75039-2902
FEC ID number of contributing federal political committee. <b>C</b> C00034132		
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11.7021**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C. FMR, LLC PAC-FEDERAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 82 DEVONSHIRE STREET, #N5A

City BOSTON	State MA	Zip Code 02109-3605
FEC ID number of contributing federal political committee. <b>C</b> C00380550		
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 13 / 2012

**Transaction ID : SA11.6428**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY PAC**

Mailing Address 1299 PENNSYLVANIA AVENUE, N.W., #9

City WASHINGTON State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7178**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GENWORTH FINANCIAL INC.**

Mailing Address 6620 WEST BROAD STREET

City RICHMOND State VA Zip Code 23230-1716

FEC ID number of contributing federal political committee. **C C00404194**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6432**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GLOVER PARK PAC**

Mailing Address 607 14TH STREET, NW, STE 800

City WASHINGTON State DC Zip Code 20005-2005

FEC ID number of contributing federal political committee. **C C00466094**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

**Transaction ID : SA11.6824**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 4000.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**GLOVER PARK PAC**

Mailing Address 607 14TH STREET, NW, STE 800

City WASHINGTON State DC Zip Code 20005-2005

FEC ID number of contributing federal political committee. **C C00466094**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

**Transaction ID : SA11.6825**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GRANT THORNTON, LLP PAC**

Mailing Address 1250 CONNECTICUT AVE., N.W., #400

City WASHINGTON State DC Zip Code 20036-2660

FEC ID number of contributing federal political committee. **C C00408260**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : SA11.6321**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GREAT LAKES SUGARBEET GROWERS PAC**

Mailing Address 2600 SOUTH EUCLID AVENUE

City BAY CITY State MI Zip Code 48706-3414

FEC ID number of contributing federal political committee. **C C00384354**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : SA11.6323**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**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 173 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**HAL PAC**

Mailing Address 701 8TH ST., NW, STE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C C00466490**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : SA11.6505**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HELP UNITE REPUBLICANS TODAY PAC**

Mailing Address P.O. BOX 283

City CHATHAM State VA Zip Code 24531-0283

FEC ID number of contributing federal political committee. **C C00496323**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11.6388**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HOLLAND & KNIGHT FOR EFFECTIVE GOVT. PAC**

Mailing Address 2099 PENNSYLVANIA AVENUE, N.W., #1

City WASHINGTON State DC Zip Code 20006-6801

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : SA11.6261**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 4500.00

\_\_\_\_\_

**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 174 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL PAC**

Mailing Address 101 CONSTITUTION AVE., N.W., #500W

City WASHINGTON State DC Zip Code 20001-2177

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11.6354**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HSBC NORTH AMERICA PAC**

Mailing Address 1401 EYE STREET, NW, STE. 520

City WASHINGTON State DC Zip Code 20005-2213

FEC ID number of contributing federal political committee. **C C00497982**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : SA11.6293**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HSBC NORTH AMERICA PAC**

Mailing Address 1401 EYE STREET, NW, STE. 520

City WASHINGTON State DC Zip Code 20005-2213

FEC ID number of contributing federal political committee. **C C00497982**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11.6386**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**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 175 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**ING AMERICA INSURANCE HOLDINGS, INC. PAC**

Mailing Address 1 ORANGE WAY, #C1N

City WINDSOR State CT Zip Code 06095-4773

FEC ID number of contributing federal political committee. **C** C00184028

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6945**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL SECURITIES EXCHANGE INC. PAC**

Mailing Address 60 BROAD STREET

City NEW YORK State NY Zip Code 10004-2306

FEC ID number of contributing federal political committee. **C** C00382226

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.6468**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**IPAA WILDCATTERS FUND**

Mailing Address 1201 15TH STREET, N.W., #300

City WASHINGTON State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11.6384**

Amount of Each Receipt this Period  
 3500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5500.00

**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 176 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN DEERE PAC**

Mailing Address **ONE JOHN DEERE PLACE**

City **MOLINE** State **IL** Zip Code **61265-8010**

FEC ID number of contributing federal political committee. **C C00204099**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6763**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JPMORGAN CHASE & COMPANY FEDERAL PAC**

Mailing Address **10 S. DEARBORN STREET**

City **CHICAGO** State **IL** Zip Code **60603-2300**

FEC ID number of contributing federal political committee. **C C00104299**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2012**

**Transaction ID : SA11.6431**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KELLEY DRYE & WARREN LLP, PAC**

Mailing Address **3050 K STREET, NW, SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20007-5100**

FEC ID number of contributing federal political committee. **C C00301929**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.6760**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**12000.00**



**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 177 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES, INC. PAC**

Mailing Address 600 14TH STREET, N.W., #800

City WASHINGTON State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6425**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LABORATORY CORP. OF AMERICA HOLDINGS PAC**

Mailing Address 231 MAPLE AVENUE

City BURLINGTON State NC Zip Code 27215-5848

FEC ID number of contributing federal political committee. **C C00314997**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6755**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE COMPANY PAC**

Mailing Address 175 BERKELEY STREET

City BOSTON State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6957**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**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 178 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORP. EMPLOYEES' PAC**

Mailing Address 2121 CRYSTAL DRIVE, #100

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : SA11.6503**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LPL FINANCIAL CORP. PAC**

Mailing Address ONE BEACON STREET, 22ND FLOOR

City BOSTON State MA Zip Code 02108-3106

FEC ID number of contributing federal political committee. **C** C00486217

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.6469**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARSH & MCLENNAN COMPANIES, INC. PAC**

Mailing Address 1255 23RD STREET, NW, STE 400

City WASHINGTON State DC Zip Code 20037-1151

FEC ID number of contributing federal political committee. **C** C00457234

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7184**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. MASTERCARD INT'L. INC. EMPLOYEES PAC**

Full Name (Last, First, Middle Initial)  
MASTERCARD INT'L. INC. EMPLOYEES PAC

Mailing Address 2000 PURCHASE ST.

City PURCHASE State NY Zip Code 10577-2405

FEC ID number of contributing federal political committee. **C** C00410274

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7023**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B. MCKESSON CORP. EMPLOYEES POLITICAL FUND**

Full Name (Last, First, Middle Initial)  
MCKESSON CORP. EMPLOYEES POLITICAL FUND

Mailing Address 1 POST STREET, 32ND FLOOR

City SAN FRANCISCO State CA Zip Code 94104-5255

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6946**

Amount of Each Receipt this Period  
 4000.00

CONTRIBUTION

**C. MEDNAX, INC. PAC**

Full Name (Last, First, Middle Initial)  
MEDNAX, INC. PAC

Mailing Address 1301 CONCORD TERRACE

City SUNRISE State FL Zip Code 33323-2843

FEC ID number of contributing federal political committee. **C** C00469205

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6327**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**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 180 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**METLIFE, INC. EMP. POLITICAL PARTICIPATION**

Mailing Address 1095 AVENUE OF THE AMERICAS

City State Zip Code  
NEW YORK NY 10036-6797

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6426**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**METLIFE, INC. EMP. POLITICAL PARTICIPATION**

Mailing Address 1095 AVENUE OF THE AMERICAS

City State Zip Code  
NEW YORK NY 10036-6797

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7175**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)**

Mailing Address 7525 RED RIVER RD.

City State Zip Code  
WAHPETON ND 58075-9705

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : SA11.6265**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 181 OF 306		
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MVP HEALTH CARE, INC. FEDERAL PAC**

Mailing Address 625 STATE STREET

City State Zip Code  
SCHENECTADY NY 12305-2111

FEC ID number of contributing federal political committee. **C** C00431429

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SA11.6757**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NAT'L. ASSN. OF CHAIN DRUG STORES**

Mailing Address 413 N. LEE STREET

City State Zip Code  
ALEXANDRIA VA 22314-2301

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : SA11.6826**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF BROADCASTERS PAC**

Mailing Address 1771 N. STREET, NW

City State Zip Code  
WASHINGTON DC 20036-2800

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : SA11.6263**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS PAC**

Mailing Address 430 N. MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

**Transaction ID : SA11.6816**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS PAC**

Mailing Address 430 N. MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7236**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE PAC**

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2012

**Transaction ID : SA11.6832**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 183 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. NATIONAL MULTI HOUSING COUNCIL PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1850 M STREET, N.W., #540

City WASHINGTON	State DC	Zip Code 20036-5816
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FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer	Occupation
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Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11.6355**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. NATIONAL RESTAURANT ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 17TH STREET, NW

City WASHINGTON	State DC	Zip Code 20036-3004
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FEC ID number of contributing federal political committee. **C C00003764**

Name of Employer	Occupation
------------------	------------

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7172**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C. NATIONAL VENTURE CAPITAL ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1655 N. FORT MYER DRIVE, #850

City ARLINGTON	State VA	Zip Code 22209-3199
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FEC ID number of contributing federal political committee. **C C00150367**

Name of Employer	Occupation
------------------	------------

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6956**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**NEW PIONEERS PAC**

Mailing Address 228 WASHINGTON STREET, #115

City ALEXANDRIA State VA Zip Code 22314-5408

FEC ID number of contributing federal political committee. **C C00459123**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7171**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NEXT CENTURY FUND**

Mailing Address 116 S. ROYAL ST.

City ALEXANDRIA State VA Zip Code 22314-3328

FEC ID number of contributing federal political committee. **C C00343947**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6436**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NORTHWESTERN MUTUAL LIFE INSURANCE CO. PAC**

Mailing Address 720 E. WISCONSIN AVENUE

City MILWAUKEE State WI Zip Code 53202-4703

FEC ID number of contributing federal political committee. **C C00197095**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2012

**Transaction ID : SA11.6833**

Amount of Each Receipt this Period  
 3000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00



**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 185 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**NOVO NORDISK INC. PAC**

Mailing Address 1155 F STREET, NW, STE. 1150

City WASHINGTON State DC Zip Code 20004-1351

FEC ID number of contributing federal political committee. **C C00424838**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6334**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**OLDCASTLE MATERIALS, INC. PAC**

Mailing Address 101 CONSTITUTION AVE NW SUITE 600

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00346353**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7182**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PECKHAM INDUSTRIES, INC. FEDERAL PAC**

Mailing Address 20 HAARLEM AVENUE

City WHITE PLAINS State NY Zip Code 10603-2223

FEC ID number of contributing federal political committee. **C C00343681**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6940**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**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 186 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PEPSICO, INC. CONCERNED CITIZENS FUND**

Mailing Address 700 ANDERSON HILL ROAD

City PURCHASE State NY Zip Code 10577-1401

FEC ID number of contributing federal political committee. **C** C00039321

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7179**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PFIZER, INC. PAC**

Mailing Address 235 E. 42ND STREET

City NEW YORK State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6325**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PFIZER, INC. PAC**

Mailing Address 235 E. 42ND STREET

City NEW YORK State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

**Transaction ID : SA11.6821**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

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 187 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIPS ELECTRONICS NORTH AMERICA CORP. PAC**

Mailing Address 1050 K STREET, NW STE 900

City WASHINGTON State DC Zip Code 20001-4460

FEC ID number of contributing federal political committee. **C** C00239780

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

**Transaction ID : SA11.6829**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PHYSICIAN INSURERS ASSOCIATION OF AMER. PAC**

Mailing Address 2275 RESEARCH BLVD., SUITE 250

City ROCKVILLE State MD Zip Code 20850-6213

FEC ID number of contributing federal political committee. **C** C00319319

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6762**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PIONEER PAC**

Mailing Address 701 8TH STREET, NW, STE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6706**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

**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 188 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PLAINSCAPITAL CORP. PAC**

Mailing Address 2323 VICTORY AVE., SUITE 1400

City	State	Zip Code
DALLAS	TX	75219-7695

FEC ID number of contributing federal political committee. **C** C00482125

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6708**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PNC PAC**

Mailing Address 249 FIFTH AVE.

City	State	Zip Code
PITTSBURGH	PA	15222-2707

FEC ID number of contributing federal political committee. **C** C00035519

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.6434**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PRINCIPAL FINANCIAL GROUP**

Mailing Address 711 HIGH STREET

City	State	Zip Code
DES MOINES	IA	50392-0001

FEC ID number of contributing federal political committee. **C** C00128918

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6704**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 4000.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. QUEST DIAGNOSTICS INC. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 K STREET, NW, STE 803

City WASHINGTON State DC Zip Code 20005-3495

FEC ID number of contributing federal political committee. **C C00329185**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6333**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. REAL ESTATE INVESTMENT TRUSTS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1875 I STREET, N.W., #600

City WASHINGTON State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

**Transaction ID : SA11.6822**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C. REPUBLICAN MAINSTREET PARTNERSHIP PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 L STREET, NW, STE 100-263

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6697**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**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 190 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. Full Name (Last, First, Middle Initial)**  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address 1220 L STREET, NW, STE 100-263

City	State	Zip Code
WASHINGTON	DC	20005-4018

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.6831**

Amount of Each Receipt this Period

CONTRIBUTION

**B. Full Name (Last, First, Middle Initial)**  
**REYNOLDS AMERICAN PAC**

Mailing Address 401 N. MAIN STREET

City	State	Zip Code
WINSTON SALEM	NC	27101-3804

FEC ID number of contributing federal political committee. **C C00042002**

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.7027**

Amount of Each Receipt this Period

CONTRIBUTION

**C. Full Name (Last, First, Middle Initial)**  
**SECURITIES IND. & FIN. MARKETS ASSN. PAC**

Mailing Address 1101 NEW YORK AVENUE, N.W., 8TH FL

City	State	Zip Code
WASHINGTON	DC	20005-4269

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.6958**

Amount of Each Receipt this Period

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 306  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**SOCIETY FOR VASCULAR SURGERY PAC**

Mailing Address 633 N. ST. CLAIR ST., 24TH FLOOR

City State Zip Code  
CHICAGO IL 60611-6554

FEC ID number of contributing federal political committee. **C C00381459**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.6329**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SOUTHERN MINNESOTA BEET SUGAR COOP. PAC**

Mailing Address PO BOX 500

City State Zip Code  
RENVILLE MN 56284-0500

FEC ID number of contributing federal political committee. **C C00166348**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.6394**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STAND TALL AMERICA PAC**

Mailing Address P.O. BOX 2382

City State Zip Code  
AMARILLO TX 79105-2382

FEC ID number of contributing federal political committee. **C C00404418**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.6709**

Amount of Each Receipt this Period

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**SUNTRUST POLITICAL ACTION COMM.**

Mailing Address 919 EAST MAIN STREET

City Richmond State VA Zip Code 23219-4625

FEC ID number of contributing federal political committee. **C** C00386524

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6331**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SUNTRUST POLITICAL ACTION COMM.**

Mailing Address 919 EAST MAIN STREET

City Richmond State VA Zip Code 23219-4625

FEC ID number of contributing federal political committee. **C** C00386524

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11.6391**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TACO POLITICAL ACTION COMMITTEE**

Mailing Address 6405 METCALF AVNEUE, #503

City Shawnee Mission State KS Zip Code 66202

FEC ID number of contributing federal political committee. **C** C00330118

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7019**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY PAC**

Mailing Address 1200 WILSON BLVD.

City ARLINGTON State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11.6356**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE CHUBB CORP. PAC**

Mailing Address 15 MOUNTAIN VIEW ROAD

City WARREN State NJ Zip Code 07059-6711

FEC ID number of contributing federal political committee. **C C00229203**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7240**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE FINANCIAL SERVICES ROUNDTABLE PAC**

Mailing Address 1001 PENNSYLVANIA AVENUE, N.W., #5

City WASHINGTON State DC Zip Code 20004-2508

FEC ID number of contributing federal political committee. **C C00193177**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6758**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**TIME WARNER CABLE, INC. FEDERAL PAC**

Mailing Address 901 F STREET, N.W., #800

City WASHINGTON State DC Zip Code 20004-1477

FEC ID number of contributing federal political committee. **C C00431551**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2035.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2012

**Transaction ID : SA11.6603**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TOMORROW IS MEANINGFUL PAC (TIM PAC)**

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C C00495887**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3846.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6960**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TRUCKING PAC OF THE AMER. TRUCKING ASSOCIATIONS INC.**

Mailing Address 430 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11.7026**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**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 195 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**TYCO INTERNATIONAL EMPLOYEES PAC**

Mailing Address **9 ROSZEL ROAD**

City **PRINCETON** State **NJ** Zip Code **08540-6205**

FEC ID number of contributing federal political committee. **C C00113753**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 24 / 2012**

**Transaction ID : SA11.6837**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**U.S. BANCORP, PAC**

Mailing Address **800 NICOLLET MALL, BC MN-H210**

City **MINNEAPOLIS** State **MN** Zip Code **55402-7000**

FEC ID number of contributing federal political committee. **C C00018036**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : SA11.6292**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**U.S. BANCORP, PAC**

Mailing Address **800 NICOLLET MALL, BC MN-H210**

City **MINNEAPOLIS** State **MN** Zip Code **55402-7000**

FEC ID number of contributing federal political committee. **C C00018036**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 24 / 2012**

**Transaction ID : SA11.6835**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4500.00**

**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 196 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**UBS AMERICAS FUND FOR BETTER GOVT.**

Mailing Address 400 ATLANTIC STREET

City State Zip Code  
STAMFORD CT 06901-3512

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : SA11.6504**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**UNION PAC. CORP. FUND FOR EFFECTIVE GOVT.**

Mailing Address 600 13TH STREET, N.W., #340

City State Zip Code  
WASHINGTON DC 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

**Transaction ID : SA11.6703**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PKWY, NE

City State Zip Code  
ATLANTA GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11.6332**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**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 197 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**US CHAMBER PAC**

Mailing Address 1615 H STREET, NW

City WASHINGTON State DC Zip Code 20062-0001

FEC ID number of contributing federal political committee. **C C00082040**

Name of Employer Occupation

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.6935**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**VALUE IN ELECTING WOMEN PAC**

Mailing Address 701 8TH STREET, N.W., #500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C C00327189**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : SA11.6955**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**VERIZON/VERIZON WIRELESS GOOD GOVT. CLUB**

Mailing Address 1300 I STREET, N.W., #400W

City WASHINGTON State DC Zip Code 20005-7101

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA11.7173**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8000.00

**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 198 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**WAL-MART STORES, INC. PAC**

Mailing Address 702 S.W. 8TH STREET

City State Zip Code  
BENTONVILLE AR 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2012

**Transaction ID : SA11.6834**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WELLPOINT, INC. WELLPAC**

Mailing Address 120 MONUMENT CIRCLE

City State Zip Code  
INDIANAPOLIS IN 46204-4906

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : SA11.6464**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

262979.58

**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 199 OF 306
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**FRESHMAN HOLD'EM JFC**

Mailing Address P.O. BOX 75021

City State Zip Code  
WASHINGTON DC 20013-0021

FEC ID number of contributing federal political committee. **C** C00523985

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3115.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA12.7241**

Amount of Each Receipt this Period  
 3115.38

CONTRIBUTION

SEE ATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**CHARLOTTE LUCAS**

Mailing Address 3199 HARRISON WAY

City State Zip Code  
CORYDON IN 47112-6903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
346.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA12.7248**

Amount of Each Receipt this Period  
 346.15

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**FORREST LUCAS**

Mailing Address 3199 HARRISON WAY

City State Zip Code  
CORYDON IN 47112-6903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LUCAS OIL CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
346.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA12.7247**

Amount of Each Receipt this Period  
 346.15

CONTRIBUTION

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3115.38

**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 200 OF 306
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**MARLIN PAC**

Mailing Address 250W 600N

City HOWE State IN Zip Code 46746-9476

FEC ID number of contributing federal political committee. **C C00492868**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 173.08

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA12.7243**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 173.08

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**NAT'L. ASSN. OF CHEMICAL DISTRIBUTORS RESPONSIBLE DISTRIBUTION PAC**

Mailing Address 1555 WILSON BLVD., STE. 700

City ARLINGTON State VA Zip Code 22209-2415

FEC ID number of contributing federal political committee. **C C00379180**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 692.31

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA12.7249**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 692.31

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077-0425

FEC ID number of contributing federal political committee. **C C00386755**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 865.38

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2012

**Transaction ID : SA12.7245**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 865.38

CONTRIBUTION

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 0.00

\_\_\_\_\_



**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 201 OF 306
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**STUTZMAN FOR CONGRESS**

Mailing Address 250 W 600 N

City State Zip Code  
HOWE IN 46746-9476

FEC ID number of contributing federal political committee. **C** C00484683

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
242.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA12.7242**

Amount of Each Receipt this Period  
173.08

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**TOM REED FOR CONGRESS**

Mailing Address P.O. BOX 450

City State Zip Code  
VICTOR NY 14564-0450

FEC ID number of contributing federal political committee. **C** C00464032

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
173.08

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA12.7244**

Amount of Each Receipt this Period  
173.08

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**TOMORROW IS MEANINGFUL PAC (TIM PAC)**

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code  
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00495887

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3846.15

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2012

**Transaction ID : SA12.7246**

Amount of Each Receipt this Period  
346.15

CONTRIBUTION

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

3115.38

**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 202 OF 306
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>WELLS FARGO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012
Mailing Address 41 S. MOGER AVENUE		<b>Transaction ID : SA15.1329</b>
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 161.60	
Name of Employer	Occupation	INTEREST INCOME
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1730.16	

Full Name (Last, First, Middle Initial) <b>WELLS FARGO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2012
Mailing Address 41 S. MOGER AVENUE		<b>Transaction ID : SA15.1541</b>
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 157.25	
Name of Employer	Occupation	INTEREST INCOME
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1730.16	INTEREST INCOME

Full Name (Last, First, Middle Initial) <b>WELLS FARGO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 41 S. MOGER AVENUE		<b>Transaction ID : SA15.1591</b>
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 94.79	
Name of Employer	Occupation	INTEREST INCOME
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1730.16	INTEREST INCOME

<b>SUBTOTAL</b> of Receipts This Page (optional).....	413.64
<b>TOTAL</b> This Period (last page this line number only).....	413.64

**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 203 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. STUTZMAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 250 W 600 N		Amount of Each Disbursement this Period 69.58
City HOWE	State IN	
Zip Code 46746-9476	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.7251
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND: FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CAITLIN BARANOWSKI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 657.00
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Transaction ID : SB17.I1301
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CAITLIN BARANOWSKI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 459.00
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Transaction ID : SB17.I1313
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1185.58
<b>TOTAL</b> 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 204 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CAITLIN BARANOWSKI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 693.00
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Transaction ID : SB17.I1372
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CAITLIN BARANOWSKI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 927.00
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Transaction ID : SB17.I1388
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CAITLIN BARANOWSKI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 90.00
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Transaction ID : SB17.I1414
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1710.00
<b>TOTAL</b> 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 205 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 90.00
City WARWICK State NY Zip Code 10990	Purpose of Disbursement MEMO: POSTAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1415</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		<b>[MEMO ITEM]</b> MEMO: POSTAGE

Full Name (Last, First, Middle Initial) <b>B. CAITLIN BARANOWSKI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 315.00
City CARMEL State NY Zip Code 10512	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1442</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		SALARY

Full Name (Last, First, Middle Initial) <b>C. MICHAEL BELL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 72 HILL ROAD HIDDEN VALLEY		Amount of Each Disbursement this Period 1800.00
City MIDDLETOWN State NY Zip Code 10946	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1508</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2115.00
<b>TOTAL</b> 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 206 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. KARL BRABENEC</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 3500.00
City WESTBROOKVILLE	State NY	
Zip Code 12785	Purpose of Disbursement SALARY	Transaction ID : SB17.I1373
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. KARL BRABENEC</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 3500.00
City WESTBROOKVILLE	State NY	
Zip Code 12785	Purpose of Disbursement SALARY	Transaction ID : SB17.I1389
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. KARL BRABENEC</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 3500.00
City WESTBROOKVILLE	State NY	
Zip Code 12785	Purpose of Disbursement SALARY	Transaction ID : SB17.I1443
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10500.00
<b>TOTAL</b> 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 207 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. KARL BRABENEC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 72.00
City WESTBROOKVILLE	State NY Zip Code 12785	
Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW		Transaction ID : SB17.I1458
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address P.O. BOX 15124		Amount of Each Disbursement this Period 72.00
City ALBANY	State NY Zip Code 12212	
Purpose of Disbursement MEMO: PHONE		Transaction ID : SB17.I1459
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: PHONE
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. KARL BRABENEC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 3500.00
City WESTBROOKVILLE	State NY Zip Code 12785	
Purpose of Disbursement SALARY		Transaction ID : SB17.I1496
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3572.00
<b>TOTAL</b> 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 208 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. ROBERT BROWN</b>			Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 38 BERGEN AVE.			Amount of Each Disbursement this Period \$ 100.00 <b>Transaction ID : SB17.I1374</b>
City WALDEN	State NY	Zip Code 12586	
Purpose of Disbursement SALARY	Candidate Name		Category/ Type SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) <b>B. ROBERT BROWN</b>			Date of Disbursement MM / DD / YYYY 09 / 01 / 2012
Mailing Address 38 BERGEN AVE.			Amount of Each Disbursement this Period \$ 250.00 <b>Transaction ID : SB17.I1444</b>
City WALDEN	State NY	Zip Code 12586	
Purpose of Disbursement SALARY	Candidate Name		Category/ Type SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) <b>C. ROBERT BROWN</b>			Date of Disbursement MM / DD / YYYY 09 / 16 / 2012
Mailing Address 38 BERGEN AVE.			Amount of Each Disbursement this Period \$ 250.00 <b>Transaction ID : SB17.I1495</b>
City WALDEN	State NY	Zip Code 12586	
Purpose of Disbursement SALARY	Candidate Name		Category/ Type SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 600.00
<b>TOTAL</b> 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 209 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAULA COLARUSSO</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012	
Mailing Address 1544 STATE ROUTE 203			Amount of Each Disbursement this Period 2832.76	
City CHATHAM	State NY	Zip Code 12037	Transaction ID : SB17.I1286	
Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW				
Candidate Name			EXPENSE REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>B. PAULA COLARUSSO</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012	
Mailing Address 1544 STATE ROUTE 203			Amount of Each Disbursement this Period 2487.25	
City CHATHAM	State NY	Zip Code 12037	Transaction ID : SB17.I1288	
Purpose of Disbursement MEMO: MILEAGE REIMBURSEMENT				
Candidate Name			[MEMO ITEM] MEMO: MILEAGE REIMBURSEMENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>C. CENTENNIAL GRILLE ROOM</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012	
Mailing Address 185 JOHN SIMPSON ROAD			Amount of Each Disbursement this Period 261.50	
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I1287	
Purpose of Disbursement MEMO: FOOD & BEVERAGE				
Candidate Name			[MEMO ITEM] MEMO: FOOD & BEVERAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2832.76
<b>TOTAL</b> 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 210 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAULA COLARUSSO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 5500.00
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement SALARY	
Candidate Name		Transaction ID : SB17.I1316
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	SALARY

Full Name (Last, First, Middle Initial) <b>B. PAULA COLARUSSO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 1314.93
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1361
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EXPENSE REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. LAKEVIEW HOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 343 LAKESIDE ROAD		Amount of Each Disbursement this Period 1216.07
City NEWBURGH State NY Zip Code 12550	Purpose of Disbursement MEMO: FOOD & BEVERAGE	
Candidate Name		Transaction ID : SB17.I1362
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: FOOD & BEVERAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6814.93
<b>TOTAL</b> 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 211 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 612.49
City WARWICK State NY Zip Code 10990	Purpose of Disbursement MEMO: POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1363 <b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. PAULA COLARUSSO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 5500.00
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1383 SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. PAULA COLARUSSO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 612.49
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name	Category/Type	Transaction ID : SB17.I1428 EXPENSE REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6112.49
<b>TOTAL</b> 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 212 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 270.00
City WARWICK State NY Zip Code 10990	Purpose of Disbursement MEMO: POSTAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1430</b> <b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. VISTA PRINT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 95 HAYDEN AVE.		Amount of Each Disbursement this Period 342.49
City LEXINGTON State MA Zip Code 02421	Purpose of Disbursement MEMO: PRINTING	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1429</b> <b>[MEMO ITEM]</b> MEMO: PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. PAULA COLARUSSO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 5500.00
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1445</b> SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5500.00
<b>TOTAL</b> 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 213 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAULA COLARUSSO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 45.00
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: POSTAGE	
Candidate Name		Transaction ID : SB17.I1533
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EXPENSE REIMBURSEMENT: POSTAGE

Full Name (Last, First, Middle Initial) <b>B. PAULA COLARUSSO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 1749.78
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1538
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EXPENSE REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 405.00
City WARWICK State NY Zip Code 10990	Purpose of Disbursement MEMO: POSTAGE	
Candidate Name		Transaction ID : SB17.I1539
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1794.78
<b>TOTAL</b> 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 214 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. VISTA PRINT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 95 HAYDEN AVE.		Amount of Each Disbursement this Period 1344.78
City LEXINGTON	State MA	
Zip Code 02421	Purpose of Disbursement MEMO: PRINTING	Transaction ID : SB17.I1540
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: PRINTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY DUNCAN</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 19 HELENE CIRCLE		Amount of Each Disbursement this Period 41.80
City HIGHLAND MILLS	State NY	
Zip Code 10930	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1250
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	MILEAGE REIMBURSEMENT
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. ANDREW FORMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 44 MONELL PLACE		Amount of Each Disbursement this Period 400.00
City BEACON	State NY	
Zip Code 12508	Purpose of Disbursement SALARY	Transaction ID : SB17.I1375
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	441.80
<b>TOTAL</b> 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 215 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER FORMISANO</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 56 MEXICO LANE			Amount of Each Disbursement this Period 333.00
City MAHOPAC	State NY	Zip Code 10541	
Purpose of Disbursement SALARY		Category/ Type	<b>Transaction ID : SB17.I1314</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District: 00			

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER FORMISANO</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 56 MEXICO LANE			Amount of Each Disbursement this Period 1000.00
City MAHOPAC	State NY	Zip Code 10541	
Purpose of Disbursement SALARY		Category/ Type	<b>Transaction ID : SB17.I1376</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District: 00			

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER FORMISANO</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 56 MEXICO LANE			Amount of Each Disbursement this Period 1000.00
City MAHOPAC	State NY	Zip Code 10541	
Purpose of Disbursement SALARY		Category/ Type	<b>Transaction ID : SB17.I1446</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2333.00
<b>TOTAL</b> 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 216 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER FORMISANO</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012	
Mailing Address 56 MEXICO LANE			Amount of Each Disbursement this Period 250.00	
City MAHOPAC	State NY	Zip Code 10541	Transaction ID : SB17.I1489	
Purpose of Disbursement SALARY		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			SALARY	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CONNOR P. GILLIS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012	
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 1500.00	
City MIDDLETOWN	State NY	Zip Code 10940	Transaction ID : SB17.I1302	
Purpose of Disbursement SALARY		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			SALARY	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CONNOR P. GILLIS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012	
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 82.50	
City MIDDLETOWN	State NY	Zip Code 10940	Transaction ID : SB17.I1311	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			MILEAGE REIMBURSEMENT	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1832.50
<b>TOTAL</b> 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 217 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CONNOR P. GILLIS</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 1500.00
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement SALARY	<b>Transaction ID : SB17.I1315</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CONNOR P. GILLIS</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 1500.00
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement SALARY	<b>Transaction ID : SB17.I1377</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CONNOR P. GILLIS</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2012
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 1000.00
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement SALARY	<b>Transaction ID : SB17.I1490</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> 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 218 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. LEWIS HART</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 136 SEVEN BRIDGES ROAD		Amount of Each Disbursement this Period 330.00
City CHAPPAQUA	State NY Zip Code 10514	
Purpose of Disbursement WAGES	Category/Type	<b>Transaction ID : SB17.I1378</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	WAGES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. BRUCE HARVIE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 7500.00
City HOPEWELL JCT.	State NY Zip Code 12533	
Purpose of Disbursement SALARY	Category/Type	<b>Transaction ID : SB17.I1317</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. BRUCE HARVIE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 7500.00
City HOPEWELL JCT.	State NY Zip Code 12533	
Purpose of Disbursement SALARY	Category/Type	<b>Transaction ID : SB17.I1320</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15330.00
<b>TOTAL</b> 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 219 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. BRUCE HARVIE</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 493.34
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name	Category/Type	Transaction ID : SB17.I1321
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2012
Mailing Address 1200 E. ALGONQUIN RD.		Amount of Each Disbursement this Period 219.80
City ELK GROVE TOWNSHIP State IL Zip Code 60007	Purpose of Disbursement MEMO: AIRFARE	
Candidate Name	Category/Type	Transaction ID : SB17.I1322
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: AIRFARE	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2012
Mailing Address 26 W. MERRITT BLVD.		Amount of Each Disbursement this Period 49.81
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement MEMO: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I1323
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	493.34
<b>TOTAL</b> 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 220 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. KATELIN P. HARVIE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 109 WOODCREST DRIVE		Amount of Each Disbursement this Period 73.70
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement EXPENSE REIMBURSEMENT: MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1285
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: MILEAGE	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. KATELIN P. HARVIE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 109 WOODCREST DRIVE		Amount of Each Disbursement this Period 180.00
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1303
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAMELA JACKSON</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 67 DOGWOOD ROAD		Amount of Each Disbursement this Period 1666.67
City CORTLANOT MANOR State NY Zip Code 10567	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1318
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1920.37
<b>TOTAL</b> 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 221 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JULIE MAGRYTA</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 84 WEYANT ROAD		Amount of Each Disbursement this Period 654.55
City FORT MONTGOMERY	State NY	
Zip Code 10922	Purpose of Disbursement SALARY	Transaction ID : SB17.I1390
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. JULIE MAGRYTA</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2012
Mailing Address 84 WEYANT ROAD		Amount of Each Disbursement this Period 900.00
City FORT MONTGOMERY	State NY	
Zip Code 10922	Purpose of Disbursement SALARY	Transaction ID : SB17.I1447
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. JULIE MAGRYTA</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2012
Mailing Address 84 WEYANT ROAD		Amount of Each Disbursement this Period 900.00
City FORT MONTGOMERY	State NY	
Zip Code 10922	Purpose of Disbursement SALARY	Transaction ID : SB17.I1494
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2454.55
<b>TOTAL</b> 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 222 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. MOLLY MANDIGO</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012	
Mailing Address 39 W. 85TH ST., #2B			Amount of Each Disbursement this Period 750.00	
City NEW YORK	State NY	Zip Code 10024	Transaction ID : SB17.I1328	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	FUNDRAISING CONSULTING	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>B. MOLLY MANDIGO</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012	
Mailing Address 39 W. 85TH ST., #2B			Amount of Each Disbursement this Period 750.00	
City NEW YORK	State NY	Zip Code 10024	Transaction ID : SB17.I1435	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	FUNDRAISING CONSULTING	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>C. MOLLY MANDIGO</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012	
Mailing Address 39 W. 85TH ST., #2B			Amount of Each Disbursement this Period 750.00	
City NEW YORK	State NY	Zip Code 10024	Transaction ID : SB17.I1438	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	FUNDRAISING CONSULTING	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2250.00
<b>TOTAL</b> 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 223 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JEAN MANVEY</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 93 LONGVIEW DRIVE		Amount of Each Disbursement this Period 280.00
City FISHKILL	State NY Zip Code 12524	
Purpose of Disbursement WAGES	Category/Type	<b>Transaction ID : SB17.I1385</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	WAGES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. IAN MILLER</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 1018.18
City WALLKILL	State NY Zip Code 12589	
Purpose of Disbursement SALARY	Category/Type	<b>Transaction ID : SB17.I1391</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. IAN MILLER</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 1400.00
City WALLKILL	State NY Zip Code 12589	
Purpose of Disbursement SALARY	Category/Type	<b>Transaction ID : SB17.I1448</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2698.18
<b>TOTAL</b> 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 224 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. IAN MILLER</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 87.98
City WALLKILL State NY Zip Code 12589	Category/Type	
Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW		Transaction ID : SB17.I1460
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		EXPENSE REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. ONLINE STORES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2012
Mailing Address 1000 WESTINGHOUSE DRIVE, STE 1		Amount of Each Disbursement this Period 87.98
City NEW STATION State PA Zip Code 15672	Category/Type	
Purpose of Disbursement MEMO: FLAGS		Transaction ID : SB17.I1461
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		[MEMO ITEM] MEMO: FLAGS

Full Name (Last, First, Middle Initial) <b>C. IAN MILLER</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 1400.00
City WALLKILL State NY Zip Code 12589	Category/Type	
Purpose of Disbursement SALARY		Transaction ID : SB17.I1493
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1487.98
<b>TOTAL</b> 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 225 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. IAN MILLER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 759.41
City WALLKILL State NY Zip Code 12589	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1517
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EXPENSE REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. IAN MILLER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 191.57
City WALLKILL State NY Zip Code 12589	Purpose of Disbursement MEMO: MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I1579
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: MILEAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 26 W. MERRITT BLVD.		Amount of Each Disbursement this Period 253.63
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement MEMO: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.I1519
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	759.41
<b>TOTAL</b> 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 226 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. KIMBERLY MORELLA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address P.O. BOX 155		Amount of Each Disbursement this Period 1500.00
City REDFORD HILLS	State NY	
Zip Code 10507	Purpose of Disbursement SALARY	Transaction ID : SB17.I1507
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY MURTAUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 6623 10TH ST., B-2		Amount of Each Disbursement this Period 865.20
City ALEXANDRIA	State VA	
Zip Code 22307	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Transaction ID : SB17.I1282
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. RAMADA WOLDWIDE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 542 U.S. 9		Amount of Each Disbursement this Period 521.38
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement MEMO: LODGING	Transaction ID : SB17.I1283
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: LODGING
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2365.20
<b>TOTAL</b> 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 227 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. RENT-A-CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 39 N. PLANK RD.		Amount of Each Disbursement this Period 343.82
City NEWBURGH	State NY	
Zip Code 12550	Purpose of Disbursement MEMO: FURNITURE	Transaction ID : SB17.I1284
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FURNITURE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. DEANNA NATRELLA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 11 GOLD RD.		Amount of Each Disbursement this Period 1000.00
City STORMVILLE	State NY	
Zip Code 12582	Purpose of Disbursement SALARY	Transaction ID : SB17.I1386
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL NELSON</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 22 JOHN ST.		Amount of Each Disbursement this Period 1145.00
City SAUGERTIES	State NY	
Zip Code 12477	Purpose of Disbursement PHOTOGRAPHY SERVICES	Transaction ID : SB17.I1243
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PHOTOGRAPHY SERVICES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2145.00
<b>TOTAL</b> 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 228 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. DIANNE PAULET</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 163 DREWVILLE ROAD		Amount of Each Disbursement this Period 75.00
City CARMEL State NY Zip Code 10512	Purpose of Disbursement GRAPHIC DESIGN	
Candidate Name		Transaction ID : SB17.I1307
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	GRAPHIC DESIGN

Full Name (Last, First, Middle Initial) <b>B. DIANNE PAULET</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 163 DREWVILLE ROAD		Amount of Each Disbursement this Period 165.00
City CARMEL State NY Zip Code 10512	Purpose of Disbursement GRAPHIC DESIGN	
Candidate Name		Transaction ID : SB17.I1516
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	GRAPHIC DESIGN

Full Name (Last, First, Middle Initial) <b>C. BRYAN PRATT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 11 STANLEY COURT		Amount of Each Disbursement this Period 240.00
City CARMEL State NY Zip Code 10512	Purpose of Disbursement WAGES	
Candidate Name		Transaction ID : SB17.I1379
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	WAGES

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	480.00
<b>TOTAL</b> 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 229 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. DIANE PULCHER</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 11 ARBOR COURT		Amount of Each Disbursement this Period 280.00
City WAPPINGER FALLS	State NY	
Zip Code 12590	Purpose of Disbursement WAGES	Transaction ID : SB17.I1380
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	WAGES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. C.S. RANAWAT</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2012
Mailing Address 535 EAST 70TH ST., STE 637		Amount of Each Disbursement this Period 2650.12
City NEW YORK	State NY	
Zip Code 10021	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Transaction ID : SB17.I1439
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. UNION CLUB OF NEW YORK</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 101 EAST 69TH STREET		Amount of Each Disbursement this Period 2650.12
City NEW YORK	State NY	
Zip Code 10021	Purpose of Disbursement MEMO: FOOD & BEVERAGE	Transaction ID : SB17.I1440
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FOOD & BEVERAGE
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2930.12
<b>TOTAL</b> 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 230 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH SABATANO</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 226 LAKE OSIRIS ROAD			Amount of Each Disbursement this Period 8,000.00	
City WALDEN	State NY	Zip Code 12586	Transaction ID : SB17.I1381	
Purpose of Disbursement WAGES		Category/ Type	WAGES	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>B. AUDREY STENGER</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 604 ROCKY GLEN			Amount of Each Disbursement this Period 30.00	
City BEACON	State NY	Zip Code 12508	Transaction ID : SB17.I1382	
Purpose of Disbursement WAGES		Category/ Type	WAGES	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>C. AIRNET GROUP INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012	
Mailing Address 801 BROAD ST.			Amount of Each Disbursement this Period 8,500.00	
City CHATTANOOGA	State TN	Zip Code 37402	Transaction ID : SB17.I1397	
Purpose of Disbursement TELEPHONE EQUIPMENT		Category/ Type	TELEPHONE EQUIPMENT	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8630.00
<b>TOTAL</b> 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 231 OF 306			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. AIRNET GROUP INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 801 BROAD ST.			Amount of Each Disbursement this Period 2284.64
City CHATTANOOGA	State TN	Zip Code 37402	
Purpose of Disbursement TELEPHONE SERVICE		Category/ Type	<b>Transaction ID : SB17.I1478</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		TELEPHONE SERVICE
State: District: 00			

Full Name (Last, First, Middle Initial) <b>B. AIRNET GROUP INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 801 BROAD ST.			Amount of Each Disbursement this Period 2100.74
City CHATTANOOGA	State TN	Zip Code 37402	
Purpose of Disbursement TELEPHONE SERVICE		Category/ Type	<b>Transaction ID : SB17.I1531</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		TELEPHONE SERVICE
State: District: 00			

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS SETTLEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 7.95
City PHOENIX	State AZ	Zip Code 85072	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	<b>Transaction ID : SB17.I1334</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PROCESSING FEE
State: District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2284.64
<b>TOTAL</b> 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 232 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS SETTLEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 930.68
City PHOENIX	State AZ	Zip Code 85072	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	<b>Transaction ID : SB17.I1336</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PROCESSING FEE
State: District: 00			

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS SETTLEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 7.95
City PHOENIX	State AZ	Zip Code 85072	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	<b>Transaction ID : SB17.I1337</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PROCESSING FEE
State: District: 00			

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS SETTLEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 562.35
City PHOENIX	State AZ	Zip Code 85072	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	<b>Transaction ID : SB17.I1343</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PROCESSING FEE
State: District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.98
<b>TOTAL</b> 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 233 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 24 / 2012

Amount of Each Disbursement this Period: 5021.37

Transaction ID : SB17.I1352

CREDIT CARD: SEE BELOW

**B. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
MEMO: FOOD & BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 12 / 2012

Amount of Each Disbursement this Period: 169.60

Transaction ID : SB17.I1356

[MEMO ITEM]  
MEMO: FOOD & BEVERAGE

**C. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 5055 SEMINARY ROAD, #612

City ALEXANDRIA State VA Zip Code 22311

Purpose of Disbursement  
MEMO: CAMPAIGN SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 18 / 2012

Amount of Each Disbursement this Period: 1600.00

Transaction ID : SB17.I1354

[MEMO ITEM]  
MEMO: CAMPAIGN SOFTWARE

**SUBTOTAL** of Disbursements This Page (optional) ..... 5021.37

**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 234 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. EMBROIDME**

Full Name (Last, First, Middle Initial)  
Mailing Address 2586-2600 SOUTH ROAD 37A

City POUGHKEEPSIE State NY Zip Code 12601

Purpose of Disbursement MEMO: CAMPAIGN MATERIALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 11 / 2012

Amount of Each Disbursement this Period: 1016.03

Transaction ID : SB17.I1359

**[MEMO ITEM]**  
MEMO: CAMPAIGN MATERIALS

**B. FEDERAL EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 3965 AIRWAYS, MODULE G

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement MEMO: SHIPPING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 24 / 2012

Amount of Each Disbursement this Period: 174.89

Transaction ID : SB17.I1355

**[MEMO ITEM]**  
MEMO: SHIPPING

**C. I.T. XCHANGE**

Full Name (Last, First, Middle Initial)  
Mailing Address 9241 GLOBE CENTER DR., STE. 100

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement MEMO: COMPUTER EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 30 / 2012

Amount of Each Disbursement this Period: 338.00

Transaction ID : SB17.I1358

**[MEMO ITEM]**  
MEMO: COMPUTER EQUIPMENT

**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 235 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. LOEWS REGENCY HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 540 PARK AVE.		Amount of Each Disbursement this Period 500.00
City NEW YORK	State NY	
Zip Code 10021	Purpose of Disbursement MEMO: FOOD & BEVERAGE	Transaction ID : SB17.I1357
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. VOCALOCITY INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 1375 PEACHTREE ST., NE, #175		Amount of Each Disbursement this Period 591.38
City ATLANTA	State GA	
Zip Code 30309	Purpose of Disbursement MEMO: TELEPHONE EQUIPMENT	Transaction ID : SB17.I1360
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: TELEPHONE EQUIPMENT
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WIDGETMAKER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 452.82
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement MEMO: ONLINE FUNDRAISING	Transaction ID : SB17.I1353
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: ONLINE FUNDRAISING
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 236 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement CREDIT CARD: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 25 / 2012

Amount of Each Disbursement this Period: 6224.03

Transaction ID : SB17.I1403

CREDIT CARD: SEE BELOW

**B. AMAZON.COM**

Full Name (Last, First, Middle Initial)  
Mailing Address 1516 2ND AVE.

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement MEMO: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 09 / 12 / 2012

Amount of Each Disbursement this Period: 159.00

Transaction ID : SB17.I1588

[MEMO ITEM]  
MEMO: OFFICE SUPPLIES

**C. BILLY JOE'S RIBWORKS**

Full Name (Last, First, Middle Initial)  
Mailing Address 26 FRONT ST.

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement MEMO: FOOD & BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 03 / 2012

Amount of Each Disbursement this Period: 2018.00

Transaction ID : SB17.I1404

[MEMO ITEM]  
MEMO: FOOD & BEVERAGE

**SUBTOTAL** of Disbursements This Page (optional) ..... 6224.03

**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 237 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. HOTLINE CREATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2012
Mailing Address 250 BEDFORD LANE		Amount of Each Disbursement this Period 139.11
City FISHKILL	State NY Zip Code 12524	
Purpose of Disbursement MEMO: BANNER	Category/Type	<b>Transaction ID : SB17.I1589</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: BANNER
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PRE-CYCLE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address P.O. BOX 341		Amount of Each Disbursement this Period 3136.78
City BREWSTER	State NY Zip Code 10509	
Purpose of Disbursement MEMO: PRINTING	Category/Type	<b>Transaction ID : SB17.I1405</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: PRINTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. SHOPSMART</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 1520 FRONT STREET		Amount of Each Disbursement this Period 400.06
City YORKTOWN HEIGHTS	State NY Zip Code 10598	
Purpose of Disbursement MEMO: BUMPER STICKERS	Category/Type	<b>Transaction ID : SB17.I1407</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: BUMPER STICKERS
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 238 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 96.05
City WARWICK	State NY Zip Code 10990	
Purpose of Disbursement MEMO: POSTAGE	Category/Type	<b>Transaction ID : SB17.I1406</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: POSTAGE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2012
Mailing Address 26 W. MERRITT BLVD.		Amount of Each Disbursement this Period 79.75
City FISHKILL	State NY Zip Code 12524	
Purpose of Disbursement MEMO: OFFICE SUPPLIES	Category/Type	<b>Transaction ID : SB17.I1590</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS SETTLEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 7.95
City PHOENIX	State AZ Zip Code 85072	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	<b>Transaction ID : SB17.I1466</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PROCESSING FEE
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7.95
<b>TOTAL</b> 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 239 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS SETTLEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 617.66
City PHOENIX	State AZ	
Zip Code 85072	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1587
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PROCESSING FEES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. ATLASSTAR</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 453 ROUTE 9, PO BOX 436		Amount of Each Disbursement this Period 511.04
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement PRINTING & PHOTOCOPIES	Transaction ID : SB17.I1419
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING & PHOTOCOPIES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. ATLASSTAR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 453 ROUTE 9, PO BOX 436		Amount of Each Disbursement this Period 372.40
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement PHOTOCOPYING	Transaction ID : SB17.I1530
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PHOTOCOPYING
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1501.10
<b>TOTAL</b> 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 240 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. BEACON UNITED</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 284 MAIN ST.		Amount of Each Disbursement this Period 950.00
City BEACON State NY Zip Code 12508	Purpose of Disbursement RENT	
Candidate Name		Transaction ID : SB17.I1237
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	RENT

Full Name (Last, First, Middle Initial) <b>B. BROWN &amp; WEINRAUB</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 79 COLUMBIA ST.		Amount of Each Disbursement this Period 5000.00
City ALBANY State NY Zip Code 12210	Purpose of Disbursement LEGAL SERVICES	
Candidate Name		Transaction ID : SB17.I1395
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	LEGAL SERVICES

Full Name (Last, First, Middle Initial) <b>C. BSB SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2150.74
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1238
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	COMPLIANCE SERVICES: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8100.74
<b>TOTAL</b> 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 241 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. BSB SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1239
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] COMPLIANCE SERVICES

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 110.24
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement MEMO: DELIVERY SERVICE	
Candidate Name		Transaction ID : SB17.I1240
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: DELIVERY SERVICE

Full Name (Last, First, Middle Initial) <b>C. BSB SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2019.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1408
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	COMPLIANCE SERVICES: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2019.00
<b>TOTAL</b> 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 242 OF 306			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. BSB SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON	State VA Zip Code 22206	
Purpose of Disbursement MEMO: COMPLIANCE SERVICES	Category/Type	<b>Transaction ID : SB17.I1581</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: COMPLIANCE SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 19.00
City MEMPHIS	State TN Zip Code 38116	
Purpose of Disbursement MEMO: DELIVERY	Category/Type	<b>Transaction ID : SB17.I1580</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: DELIVERY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. BSB SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2110.99
City ARLINGTON	State VA Zip Code 22206	
Purpose of Disbursement COMPLIANCE SERVICES: SEE BELOW	Category/Type	<b>Transaction ID : SB17.I1416</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPLIANCE SERVICES: SEE BELOW
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2110.99
<b>TOTAL</b> 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 243 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. BSB SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement MEMO: COMPLIANCE SERVICES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1582</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		<b>[MEMO ITEM]</b> MEMO: COMPLIANCE SERVICES

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 110.99
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement MEMO: DELIVERY SERVICE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1583</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		<b>[MEMO ITEM]</b> MEMO: DELIVERY SERVICE

Full Name (Last, First, Middle Initial) <b>C. BSB SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2100.73
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES: SEE BELOW	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1479</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		COMPLIANCE SERVICES: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2100.73
<b>TOTAL</b> 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 244 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. BSB SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement MEMO: COMPLIANCE SERVICES Category/Type	
Candidate Name		Transaction ID : SB17.I1481
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: COMPLIANCE SERVICES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 52.33
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement MEMO: FEDERAL EXPRESS Category/Type	
Candidate Name		Transaction ID : SB17.I1480
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FEDERAL EXPRESS	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 48.40
City WARWICK State NY Zip Code 10990	Purpose of Disbursement MEMO: POSTAGE Category/Type	
Candidate Name		Transaction ID : SB17.I1482
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: POSTAGE	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 245 OF 306			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. CAMPAIGN SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEBSITE MAINENANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 10 / 2012

Amount of Each Disbursement this Period: 1650.00

Transaction ID : SB17.I1296

WEBSITE MAINTENANCE

**B. CAMPAIGN SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement EMAIL SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 16 / 2012

Amount of Each Disbursement this Period: 56.88

Transaction ID : SB17.I1306

EMAIL SERVICE

**C. CAMPAIGN SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement ONLINE FUNDRAISING SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 02 / 2012

Amount of Each Disbursement this Period: 11.53

Transaction ID : SB17.I1340

ONLINE FUNDRAISING SERVICE

**SUBTOTAL** of Disbursements This Page (optional) ..... 1718.41

**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 246 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. CAMPAIGN SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEBSITE MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 20 / 2012

Amount of Each Disbursement this Period: 1650.00

Transaction ID : SB17.I1417

WEBSITE MAINTENANCE

**B. CAMPAIGN SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 30 / 2012

Amount of Each Disbursement this Period: 171.52

Transaction ID : SB17.I1593

CREDIT CARD PROCESSING FEES

**C. CAMPAIGN SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement ONLINE ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 30 / 2012

Amount of Each Disbursement this Period: 1873.48

Transaction ID : SB17.I1594

ONLINE ADVERTISING

**SUBTOTAL** of Disbursements This Page (optional) ..... 3695.00

**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 247 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 72.83
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CREDIT CARD PROCESSING FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1595</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PROCESSING FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 587.17
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ONLINE ADVERTISING	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1596</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	ONLINE ADVERTISING	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL PROMOTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 249 N. KESWICK AVE., 1ST FL		Amount of Each Disbursement this Period 10640.00
City GLENSIDE State PA Zip Code 19038	Purpose of Disbursement YARD SIGNS	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1346</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	YARD SIGNS	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11300.00
<b>TOTAL</b> 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 248 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL PROMOTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 249 N. KESWICK AVE., 1ST FL		Amount of Each Disbursement this Period 1430.00
City GLENSIDE	State PA	
Zip Code 19038	Purpose of Disbursement MAGNETS	Transaction ID : SB17.I1427
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	MAGNETS
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL PROMOTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address 249 N. KESWICK AVE., 1ST FL		Amount of Each Disbursement this Period 412.74
City GLENSIDE	State PA	
Zip Code 19038	Purpose of Disbursement BUMPER STICKERS	Transaction ID : SB17.I1509
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BUMPER STICKERS
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL PROMOTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 249 N. KESWICK AVE., 1ST FL		Amount of Each Disbursement this Period 777.00
City GLENSIDE	State PA	
Zip Code 19038	Purpose of Disbursement SIGNS	Transaction ID : SB17.I1586
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SIGNS
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2619.74
<b>TOTAL</b> 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 249 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CENTRAL HUDSON GAS &amp; ELECTRIC CORPORATION</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 284 SOUTH AVENUE			Amount of Each Disbursement this Period 610.00
City POUGHKEEPSIE	State NY	Zip Code 12601	
Purpose of Disbursement UTILITIES		Category/ Type	<b>Transaction ID : SB17.I1297</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		UTILITIES
State: District: 00			

Full Name (Last, First, Middle Initial) <b>B. CHASE PRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address 1520 FRONT ST.			Amount of Each Disbursement this Period 875.81
City YORKTOWN HEIGHTS	State NY	Zip Code 10598	
Purpose of Disbursement PALM CARDS		Category/ Type	<b>Transaction ID : SB17.I1368</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		PALM CARDS
State: District: 00			

Full Name (Last, First, Middle Initial) <b>C. CHESTER PRINTING</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address 7 PROSPECT STREET			Amount of Each Disbursement this Period 4819.13
City MIDDLETOWN	State NY	Zip Code 10940	
Purpose of Disbursement PRINTING		Category/ Type	<b>Transaction ID : SB17.I1498</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		PRINTING
State: District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6304.94
<b>TOTAL</b> 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 250 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOS RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address 155 WILBUR BLVD.		Amount of Each Disbursement this Period 5040.00
City POUGHKEEPSIE	State NY	
Zip Code 12603	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1512
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CIARDULLO PRINTING INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 92 WEST MAIN STREET		Amount of Each Disbursement this Period 298.18
City WALDEN	State NY	
Zip Code 12586	Purpose of Disbursement PRINTING	Transaction ID : SB17.I1529
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CREATIVE DIRECT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address THE REAGAN BLDG, 25 E. MAIN ST.		Amount of Each Disbursement this Period 5474.00
City RICHMOND	State VA	
Zip Code 23219	Purpose of Disbursement DIRECT MAIL	Transaction ID : SB17.I1369
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	DIRECT MAIL
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10812.18
<b>TOTAL</b> 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 251 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CREATIVE DIRECT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address THE REAGAN BLDG, 25 E. MAIN ST.		Amount of Each Disbursement this Period 3974.00
City RICHMOND State VA Zip Code 23219	Purpose of Disbursement DIRECT MAIL SERVICES	
Candidate Name		Transaction ID : SB17.I1420
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	DIRECT MAIL SERVICES

Full Name (Last, First, Middle Initial) <b>B. CREATIVE DIRECT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address THE REAGAN BLDG, 25 E. MAIN ST.		Amount of Each Disbursement this Period 4374.00
City RICHMOND State VA Zip Code 23219	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1483
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	DIRECT MAIL

Full Name (Last, First, Middle Initial) <b>C. DIRECT STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1851 N. SCOTT ST, STE 361		Amount of Each Disbursement this Period 500.00
City ARLINGTON State VA Zip Code 22209	Purpose of Disbursement GRAPHIC DESIGN	
Candidate Name		Transaction ID : SB17.I1241
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	GRAPHIC DESIGN

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8848.00
<b>TOTAL</b> 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 252 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. EDONATIONS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 117 N. SAINT ASAPH STREET		Amount of Each Disbursement this Period 45.92
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement ONLINE FUNDRAISING	Category/Type	<b>Transaction ID : SB17.I1273</b>
Candidate Name	ONLINE FUNDRAISING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 7201.87
City MAMARONECK	State NY Zip Code 10543	
Purpose of Disbursement DIRECT MAIL SERVICES	Category/Type	<b>Transaction ID : SB17.I1291</b>
Candidate Name	DIRECT MAIL SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 33499.17
City MAMARONECK	State NY Zip Code 10543	
Purpose of Disbursement DIRECT MAIL SERVICES	Category/Type	<b>Transaction ID : SB17.I1326</b>
Candidate Name	DIRECT MAIL SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	40746.96
<b>TOTAL</b> 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 253 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 24 / 2012</b>
Mailing Address <b>180 E. PROSPECT AVENUE</b>		Amount of Each Disbursement this Period <b>708.06</b>
City <b>MAMARONECK</b> State <b>NY</b> Zip Code <b>10543</b>	Purpose of Disbursement <b>ENVELOPES</b>	
Candidate Name		<b>Transaction ID : SB17.I1370</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>	Category/Type	<b>ENVELOPES</b>

Full Name (Last, First, Middle Initial) <b>B. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 24 / 2012</b>
Mailing Address <b>180 E. PROSPECT AVENUE</b>		Amount of Each Disbursement this Period <b>33927.49</b>
City <b>MAMARONECK</b> State <b>NY</b> Zip Code <b>10543</b>	Purpose of Disbursement <b>DIRECT MAIL SERVICES</b>	
Candidate Name		<b>Transaction ID : SB17.I1431</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>	Category/Type	<b>DIRECT MAIL SERVICES</b>

Full Name (Last, First, Middle Initial) <b>C. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 31 / 2012</b>
Mailing Address <b>180 E. PROSPECT AVENUE</b>		Amount of Each Disbursement this Period <b>21137.67</b>
City <b>MAMARONECK</b> State <b>NY</b> Zip Code <b>10543</b>	Purpose of Disbursement <b>DIRECT MAIL</b>	
Candidate Name		<b>Transaction ID : SB17.I1433</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>	Category/Type	<b>DIRECT MAIL</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>55773.22</b>
<b>TOTAL</b> 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 254 OF 306			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 19963.84
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1473
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

Full Name (Last, First, Middle Initial) <b>B. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 19963.84
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1477
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

Full Name (Last, First, Middle Initial) <b>C. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 21137.67
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1484
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61065.35
<b>TOTAL</b> 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 255 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 33494.89
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1499
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

Full Name (Last, First, Middle Initial) <b>B. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 13963.65
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1501
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

Full Name (Last, First, Middle Initial) <b>C. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 33499.17
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1534
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80957.71
<b>TOTAL</b> 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 256 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. HOTLINE CREATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 250 BEDFORD LANE		Amount of Each Disbursement this Period 359.41
City FISHKILL	State NY Zip Code 12524	
Purpose of Disbursement LAPEL STICKERS	Category/Type	<b>Transaction ID : SB17.I1347</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	LAPEL STICKERS
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. INTERSTATE WASTE SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address P.O. BOX 553913		Amount of Each Disbursement this Period 60.83
City DETROIT	State MI Zip Code 48255	
Purpose of Disbursement TRASH SERVICE	Category/Type	<b>Transaction ID : SB17.I1511</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	TRASH SERVICE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 25000.00
City PRINCETON	State NJ Zip Code 08540	
Purpose of Disbursement MEDIA CONSULTING	Category/Type	<b>Transaction ID : SB17.I1242</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEDIA CONSULTING
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25420.24
<b>TOTAL</b> 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 257 OF 306			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300			Amount of Each Disbursement this Period 3750.00
City PRINCETON	State NJ	Zip Code 08540	Transaction ID : SB17.I1281
Purpose of Disbursement MEDIA PRODUCTION	Category/ Type		
Candidate Name			MEDIA PRODUCTION
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District: 00		

Full Name (Last, First, Middle Initial) <b>B. JAMESTOWN ASSOCIATES</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300			Amount of Each Disbursement this Period 55451.00
City PRINCETON	State NJ	Zip Code 08540	Transaction ID : SB17.I1289
Purpose of Disbursement MEDIA	Category/ Type		
Candidate Name			MEDIA
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District: 00		

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300			Amount of Each Disbursement this Period 59053.00
City PRINCETON	State NJ	Zip Code 08540	Transaction ID : SB17.I1331
Purpose of Disbursement MEDIA	Category/ Type		
Candidate Name			MEDIA
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	118254.00
<b>TOTAL</b> 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 258 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 61508.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name		Transaction ID : SB17.I1341
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MEDIA	

Full Name (Last, First, Middle Initial) <b>B. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 10000.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA CONSULTING	
Candidate Name		Transaction ID : SB17.I1349
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MEDIA CONSULTING	

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 98037.98
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name		Transaction ID : SB17.I1394
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MEDIA	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	169545.98
<b>TOTAL</b> 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 259 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 7,510.00 <b>Transaction ID : SB17.I1399</b>
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	MEDIA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.I1432</b>
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA CONSULTING	
Candidate Name	Category/Type	MEDIA CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 7510.00 <b>Transaction ID : SB17.I1436</b>
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	MEDIA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76853.75
<b>TOTAL</b> 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 260 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 27477.62
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name		Transaction ID : SB17.I1471
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MEDIA	

Full Name (Last, First, Middle Initial) <b>B. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 7210.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name		Transaction ID : SB17.I1476
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MEDIA	

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 10268.75
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name		Transaction ID : SB17.I1486
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MEDIA	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44956.37
<b>TOTAL</b> 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 261 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 120966.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	Transaction ID : SB17.I1504
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	MEDIA
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 10000.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA CONSULTING	Transaction ID : SB17.I1528
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	MEDIA CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 135968.52
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	Transaction ID : SB17.I1537
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	MEDIA
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	266934.52
<b>TOTAL</b> 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 262 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JIVE COMMUNICATIONS, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 3214 N. UNIVERSITY AVE., #610			Amount of Each Disbursement this Period 485.85
City PROVO	State UT	Zip Code 84604	
Purpose of Disbursement TELEPHONE SERVICES		Category/ Type	<b>Transaction ID : SB17.I1292</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		TELEPHONE SERVICES
State: District: 00			

Full Name (Last, First, Middle Initial) <b>B. MERCHANT SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 7300 CHAPMAN HIGHWAY			Amount of Each Disbursement this Period 1444.22
City KNOXVILLE	State TN	Zip Code 37920	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	<b>Transaction ID : SB17.I1335</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PROCESSING FEES
State: District: 00			

Full Name (Last, First, Middle Initial) <b>C. MERCHANT SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 7300 CHAPMAN HIGHWAY			Amount of Each Disbursement this Period 481.59
City KNOXVILLE	State TN	Zip Code 37920	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	<b>Transaction ID : SB17.I1339</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PROCESSING FEES
State: District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2411.66
<b>TOTAL</b> 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 263 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. MERCHANT SERVICES</b>		M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period
City KNOXVILLE State TN Zip Code 37920		371.24
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Transaction ID : SB17.I1467
Candidate Name		Category/Type
Office Sought:	House Senate President	CREDIT CARD PROCESSING FEE
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. MID-HUDSON NEWS NETWORK</b>		M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 42 MARCY LANE		Amount of Each Disbursement this Period
City MIDDLETOWN State NY Zip Code 10941		1000.00
Purpose of Disbursement ADVERTISING		Transaction ID : SB17.I1515
Candidate Name		Category/Type
Office Sought:	House Senate President	ADVERTISING
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. MIXTURE OF MONTGOMERY</b>		M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 6 UNION ST.		Amount of Each Disbursement this Period
City MONTGOMERY State NY Zip Code 12549		808.23
Purpose of Disbursement T-SHIRTS		Transaction ID : SB17.I1527
Candidate Name		Category/Type
Office Sought:	House Senate President	T-SHIRTS
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2179.47
<b>TOTAL</b> 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 264 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. NATL. REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 02 / 2012</b>
Mailing Address <b>320 FIRST STREET</b>		Amount of Each Disbursement this Period <b>1315.22</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>
Purpose of Disbursement <b>REIMBURSEMENT: TRAVEL COSTS</b>		Transaction ID : <b>SB17.I1348</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REIMBURSEMENT: TRAVEL COSTS
State: _____ District: <b>00</b>	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. NEW YORK STATE UNEMPLOYMENT INSURANCE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 16 / 2012</b>
Mailing Address <b>P.O. BOX 4301</b>		Amount of Each Disbursement this Period <b>36.11</b>
City <b>BINGHAMTON</b>	State <b>NY</b>	Zip Code <b>13902</b>
Purpose of Disbursement <b>UNEMPLOYMENT INSURANCE</b>		Transaction ID : <b>SB17.I1308</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	UNEMPLOYMENT INSURANCE
State: _____ District: <b>00</b>	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. OPTIMUM BUSINESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 25 / 2012</b>
Mailing Address <b>6 CORPORATE CENTER DRIVE</b>		Amount of Each Disbursement this Period <b>144.31</b>
City <b>MELVILLE</b>	State <b>NY</b>	Zip Code <b>11747</b>
Purpose of Disbursement <b>TELEPHONE &amp; TELECOM SERVICES</b>		Transaction ID : <b>SB17.I1351</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE & TELECOM SERVICES
State: _____ District: <b>00</b>	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1495.64</b>
<b>TOTAL</b> 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 265 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. OPTIMUM BUSINESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 6 CORPORATE CENTER DRIVE

City MELVILLE State NY Zip Code 11747

Purpose of Disbursement TELEPHONE & TELECOM SERVICES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 21 / 2012

Amount of Each Disbursement this Period: 288.62

Transaction ID : SB17.I1421

TELEPHONE & TELECOM SERVICES

**B. PAGONES-O'NEILL INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address 355 MAIN ST.

City BEACON State NY Zip Code 12508

Purpose of Disbursement SECURITY

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 27 / 2012

Amount of Each Disbursement this Period: 519.00

Transaction ID : SB17.I1409

SECURITY

**C. PATCH**

Full Name (Last, First, Middle Initial)  
Mailing Address 4 CHASE METROTECH CENTER, 7TH FL E

City BROOKLYN State NY Zip Code 11245

Purpose of Disbursement VIDEO DISTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 09 / 06 / 2012

Amount of Each Disbursement this Period: 775.28

Transaction ID : SB17.I1452

VIDEO DISTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) ..... 1582.90

**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 266 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PATCH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 4 CHASE METROTECH CENTER, 7TH FL E		Amount of Each Disbursement this Period 750.27
City BROOKLYN	State NY	
Zip Code 11245	Purpose of Disbursement VIDEO DISTRIBUTION	Transaction ID : SB17.I1532
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	VIDEO DISTRIBUTION
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PATTON BOGGS, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 2550 M STREET, NW		Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC	
Zip Code 20037	Purpose of Disbursement LEGAL SERVICES	Transaction ID : SB17.I1514
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	LEGAL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 59.79
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1300
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5810.06
<b>TOTAL</b> 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 267 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 364.66
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1304
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 108.29
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name		Transaction ID : SB17.I1312
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	PAYROLL SERVICES

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 1179.63
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1319
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1652.58
<b>TOTAL</b> 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 268 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 996.04 <b>Transaction ID : SB17.I1338</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name	Category/Type	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 824.47 <b>Transaction ID : SB17.I1384</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 53.36 <b>Transaction ID : SB17.I1387</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name	Category/Type	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	996.04
<b>TOTAL</b> 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 269 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 1030.91
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1392
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PAYROLL TAXES	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 60.19
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name		Transaction ID : SB17.I1393
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PAYROLL SERVICES	

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 878.93
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1449
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PAYROLL TAXES	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1970.03
<b>TOTAL</b> 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 270 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 105.20
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1450
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 59.79
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1488
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 75.20
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1491
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	240.19
<b>TOTAL</b> 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 271 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 694.79
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1492
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 60.19
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1497
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 304.32
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1505
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1059.30
<b>TOTAL</b> 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 272 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 60.19
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1506
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PERSONNEL CONCEPTS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address PO BOX 3353		Amount of Each Disbursement this Period 25.85
City SAN DIMAS	State CA	
Zip Code 91773	Purpose of Disbursement OFFICE COMPLIANCE SUPPLIES	Transaction ID : SB17.I1441
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE COMPLIANCE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. POLAND SPRING DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address #215, 6661 DIXIE HWY, STE. 4		Amount of Each Disbursement this Period 47.44
City LOUISVILLE	State KY	
Zip Code 40258	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1244
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	133.44
<b>TOTAL</b> 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 273 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. POLAND SPRING DIRECT**

Full Name (Last, First, Middle Initial)  
Mailing Address #215, 6661 DIXIE HWY, STE. 4

City LOUISVILLE State KY Zip Code 40258

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 21 / 2012

Amount of Each Disbursement this Period: 65.99

Transaction ID : SB17.I1422

Category/Type: OFFICE SUPPLIES

**B. POLAND SPRING DIRECT**

Full Name (Last, First, Middle Initial)  
Mailing Address #215, 6661 DIXIE HWY, STE. 4

City LOUISVILLE State KY Zip Code 40258

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 09 / 26 / 2012

Amount of Each Disbursement this Period: 40.73

Transaction ID : SB17.I1526

Category/Type: OFFICE SUPPLIES

**C. PREFERRED MUTUAL INSURANCE COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 888

City NORWICH State NY Zip Code 13815

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 20 / 2012

Amount of Each Disbursement this Period: 315.23

Transaction ID : SB17.I1333

Category/Type: INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) ..... 421.95

**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 274 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. RCCC LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2012
Mailing Address 247 FARRAGUT AVE.		Amount of Each Disbursement this Period 499.00
City HASTINGS ON HUDSON	State NY	
Zip Code 10706	Purpose of Disbursement VOTER FILE MAINTENANCE	Transaction ID : SB17.I1293
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	VOTER FILE MAINTENANCE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. RCCC LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 247 FARRAGUT AVE.		Amount of Each Disbursement this Period 500.00
City HASTINGS ON HUDSON	State NY	
Zip Code 10706	Purpose of Disbursement VOTER FILE MAINTENANCE	Transaction ID : SB17.I1345
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	VOTER FILE MAINTENANCE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. RED PILLAR CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address P.O. BOX 172		Amount of Each Disbursement this Period 3500.00
City WARWICK	State NY	
Zip Code 10990	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	Transaction ID : SB17.I1305
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	GENERAL CAMPAIGN CONSULTING
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4499.00
<b>TOTAL</b> 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 275 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. RED PILLAR CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address P.O. BOX 172		Amount of Each Disbursement this Period 3500.00
City WARWICK	State NY	
Zip Code 10990	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	<b>Transaction ID : SB17.I1472</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	GENERAL CAMPAIGN CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. RED PILLAR CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address P.O. BOX 172		Amount of Each Disbursement this Period 3500.00
City WARWICK	State NY	
Zip Code 10990	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	<b>Transaction ID : SB17.I1523</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	GENERAL CAMPAIGN CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. ROYAL CARTING SERVICE CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address P.O. BOX 1209		Amount of Each Disbursement this Period 61.56
City HOPEWELL JUNCTION	State NY	
Zip Code 12533	Purpose of Disbursement RECYCLING SERVICE	<b>Transaction ID : SB17.I1410</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	RECYCLING SERVICE
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7061.56
<b>TOTAL</b> 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 276 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. ROYAL CARTING SERVICE CO.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 21 / 2012</b>
Mailing Address <b>P.O. BOX 1209</b>		Amount of Each Disbursement this Period <b>61.56</b>
City <b>HOPEWELL JUNCTION</b>	State <b>NY</b>	Zip Code <b>12533</b>
Purpose of Disbursement <b>RECYCLING SERVICES</b>	Transaction ID : <b>SB17.I1423</b>	
Candidate Name	Category/Type <b>RECYCLING SERVICES</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. ROYAL CARTING SERVICE CO.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 25 / 2012</b>
Mailing Address <b>P.O. BOX 1209</b>		Amount of Each Disbursement this Period <b>64.56</b>
City <b>HOPEWELL JUNCTION</b>	State <b>NY</b>	Zip Code <b>12533</b>
Purpose of Disbursement <b>RECYCLING SERVICES</b>	Transaction ID : <b>SB17.I1524</b>	
Candidate Name	Category/Type <b>RECYCLING SERVICES</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. SEELY &amp; DURLAND INSURANCE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 21 / 2012</b>
Mailing Address <b>13 OAKLAND AVENUE</b>		Amount of Each Disbursement this Period <b>928.50</b>
City <b>WARWICK</b>	State <b>NY</b>	Zip Code <b>10990</b>
Purpose of Disbursement <b>INSURANCE</b>	Transaction ID : <b>SB17.I1424</b>	
Candidate Name	Category/Type <b>INSURANCE</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1054.62</b>
<b>TOTAL</b> 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 277 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. STEVE'S DELI &amp; CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address 87 MAIN STREET		Amount of Each Disbursement this Period 120.00
City GOSHEN State NY Zip Code 10924	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1510</b>  FOOD & BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. TD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE State NH Zip Code 03431	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1324</b>  BANK FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. TD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE State NH Zip Code 03431	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1575</b>  BANK FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	170.00
<b>TOTAL</b> 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 278 OF 306			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. TD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE	State NH	Zip Code 03431
Purpose of Disbursement BANK FEES	Category/ Type	
Candidate Name	Transaction ID : SB17.I1576	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. TERRA ECLIPSE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 9043 SOQUEL DR.		Amount of Each Disbursement this Period 2225.48
City APTOS	State CA	Zip Code 95003
Purpose of Disbursement MEDIA MARKETING SERVICES	Category/ Type	
Candidate Name	Transaction ID : SB17.I1425	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEDIA MARKETING SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. TERRA ECLIPSE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 9043 SOQUEL DR.		Amount of Each Disbursement this Period 3500.00
City APTOS	State CA	Zip Code 95003
Purpose of Disbursement MEDIA MARKETING SERVICES	Category/ Type	
Candidate Name	Transaction ID : SB17.I1453	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEDIA MARKETING SERVICES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5750.48
<b>TOTAL</b> 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 279 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. THE GOSHEN GOURMET CAFE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 14 W. MAIN STREET		Amount of Each Disbursement this Period 378.44
City GOSHEN	State NY	
Zip Code 10924	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1371
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. THE HALLISEY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 7500.00
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I1236
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. THE HALLISEY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 30879.74
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I1350
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	38758.18
<b>TOTAL</b> 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 280 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. THE HALLISEY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 7500.00
City NEW YORK State NY Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.I1434
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type FUNDRAISING CONSULTING	

Full Name (Last, First, Middle Initial) <b>B. THE HALLISEY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 7500.00
City NEW YORK State NY Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.I1525
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type FUNDRAISING CONSULTING	

Full Name (Last, First, Middle Initial) <b>C. THE MANAGEMENT COMPANIES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 78 NORTH STATE ROAD		Amount of Each Disbursement this Period 1485.43
City BRIARCLIFF MANOR State NY Zip Code 10510	Purpose of Disbursement RENT: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1245
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type RENT: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16485.43
<b>TOTAL</b> 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 281 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CENTRAL HUDSON GAS &amp; ELECTRIC CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 284 SOUTH AVENUE		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1247
City POUGHKEEPSIE	State NY	
Zip Code 12601	Purpose of Disbursement UTILITIES	[MEMO ITEM] UTILITIES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. THE MANAGEMENT COMPANIES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 78 NORTH STATE ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1246
City BRIARCLIFF MANOR	State NY	
Zip Code 10510	Purpose of Disbursement RENT	[MEMO ITEM] RENT
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. THE MANAGEMENT COMPANIES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 78 NORTH STATE ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1294
City BRIARCLIFF MANOR	State NY	
Zip Code 10510	Purpose of Disbursement RENT	RENT
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> 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 282 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A. THE MANAGEMENT COMPANIES**

Full Name (Last, First, Middle Initial)  
Mailing Address **78 NORTH STATE ROAD**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

Purpose of Disbursement  
**RENT: SEE BELOW**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement: **08 / 24 / 2012**

Amount of Each Disbursement this Period: **1263.67**

**Transaction ID : SB17.I1364**

**RENT: SEE BELOW**

**B. CENTRAL HUDSON GAS & ELECTRIC CORPORATION**

Full Name (Last, First, Middle Initial)  
Mailing Address **284 SOUTH AVENUE**

City **POUGHKEEPSIE** State **NY** Zip Code **12601**

Purpose of Disbursement  
**MEMO: UTILITIES**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement: **08 / 24 / 2012**

Amount of Each Disbursement this Period: **263.67**

**Transaction ID : SB17.I1585**

**[MEMO ITEM]**  
**MEMO: UTILITIES**

**C. THE MANAGEMENT COMPANIES**

Full Name (Last, First, Middle Initial)  
Mailing Address **78 NORTH STATE ROAD**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

Purpose of Disbursement  
**MEMO: RENT**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement: **08 / 24 / 2012**

Amount of Each Disbursement this Period: **1000.00**

**Transaction ID : SB17.I1584**

**[MEMO ITEM]**  
**MEMO: RENT**

**SUBTOTAL** of Disbursements This Page (optional) ..... **1263.67**

**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 283 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)  
**A. THE MANAGEMENT COMPANIES**

Mailing Address **78 NORTH STATE ROAD**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

Purpose of Disbursement **RENT**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement: **09 / 06 / 2012**

Amount of Each Disbursement this Period: **1000.00**

Transaction ID : **SB17.I1454**

Category/Type: **RENT**

Full Name (Last, First, Middle Initial)  
**B. THE SPENCER DANIELS AGENCY INC.**

Mailing Address **P.O. BOX 692**

City **GLEN WILD** State **NY** Zip Code **12738**

Purpose of Disbursement **EQUIPMENT RENTAL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement: **07 / 02 / 2012**

Amount of Each Disbursement this Period: **2780.00**

Transaction ID : **SB17.I1248**

Category/Type: **EQUIPMENT RENTAL**

Full Name (Last, First, Middle Initial)  
**C. THE TARRANCE GROUP, INC.**

Mailing Address **201 N. UNION STREET, #410**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement **POLLING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement: **08 / 23 / 2012**

Amount of Each Disbursement this Period: **11459.00**

Transaction ID : **SB17.I1365**

Category/Type: **POLLING**

**SUBTOTAL** of Disbursements This Page (optional)..... **15239.00**

**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 284 OF 306			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. THE TARRANCE GROUP, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 201 N. UNION STREET, #410			Amount of Each Disbursement this Period 7390.00
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement POLLING		Category/ Type	<b>Transaction ID : SB17.I1513</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		POLLING
State: District: 00			

Full Name (Last, First, Middle Initial) <b>B. THE TOWNSEND GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 11818.78
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	<b>Transaction ID : SB17.I1249</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		FUNDRAISING CONSULTING
State: District: 00			

Full Name (Last, First, Middle Initial) <b>C. THE TOWNSEND GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 8418.94
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	<b>Transaction ID : SB17.I1366</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		FUNDRAISING CONSULTING
State: District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27627.72
<b>TOTAL</b> 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 285 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. THE TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2012
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 10969.60
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I1418
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address P.O. BOX 15124		Amount of Each Disbursement this Period 391.69
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I1426
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE SERVICE	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. BOX 4003		Amount of Each Disbursement this Period 321.89
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I1309
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE SERVICE	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11683.18
<b>TOTAL</b> 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 286 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address P.O. BOX 4003		Amount of Each Disbursement this Period 249.81
City ACWORTH	State GA	
Zip Code 30101	Purpose of Disbursement TELEPHONE SERVICE	Transaction ID : SB17.I1522
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE SERVICE
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. W.B. MASON CO. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 16.74
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1310
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. W.B. MASON CO. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 188.27
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1367
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	454.82
<b>TOTAL</b> 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 287 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. W.B. MASON CO. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 567.63
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1411
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. W.B. MASON CO. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 75.53
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1412
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. W.B. MASON CO. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 131.60
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1413
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	774.76
<b>TOTAL</b> 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 288 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. W.B. MASON CO. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 149.98
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1455
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. W.B. MASON CO. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 230.22
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1520
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. W.B. MASON CO. INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 340.59
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1521
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	720.79
<b>TOTAL</b> 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 289 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1290</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1330</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1332</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<b>TOTAL</b> 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 290 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1342
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1396
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1398
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<b>TOTAL</b> 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 291 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1400</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1402</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1437</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<b>TOTAL</b> 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 292 OF 306			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 60.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1463
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1464
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 60.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1465
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<b>TOTAL</b> 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 293 OF 306			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1468
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1469
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1470
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<b>TOTAL</b> 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 294 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1485</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1487</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1500</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<b>TOTAL</b> 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 295 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 60.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1502
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1503
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1535
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.00
<b>TOTAL</b> 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 296 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 238.16
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1536
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.25
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1573
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WEST HILLS COUNTRY CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 121 GOLF LINKS ROAD		Amount of Each Disbursement this Period 187.91
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1295
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FOOD & BEVERAGE	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	238.16
<b>TOTAL</b> 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 297 OF 306	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. AGSH&amp;F CIVIC ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 1333 NEW HAMPSHIRE AVE., NW		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20036-1500	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.7252
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND: FUNDRAISING CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. DEPOSITORY TRUST &amp; CLEARING CORP.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 601 13TH ST., NW, STE. 580 SOUTH		Amount of Each Disbursement this Period 650.00
City WASHINGTON State DC Zip Code 20005-3807	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.7253
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND: FUNDRAISING CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	1267071.56

**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 298 OF 306	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JOHN BURIGO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 107 SPINNAKER LANE		Amount of Each Disbursement this Period 250.00
City JUPITER	State FL	Zip Code 33477
Purpose of Disbursement REFUNDED CONTRIBUTION	Category/Type	
Candidate Name	Transaction ID : SB20A.I1599	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUNDED CONTRIBUTION
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CRAIG DICKMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 9911 SCOTCH BROOM CT.		Amount of Each Disbursement this Period 100.00
City POTOMAC	State MD	Zip Code 20854
Purpose of Disbursement REFUNDED CONTRIBUTION	Category/Type	
Candidate Name	Transaction ID : SB20A.I1598	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUNDED CONTRIBUTION
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. THOMAS KAY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 255 HARTFORD ROAD		Amount of Each Disbursement this Period 100.00
City MEDFORD	State NJ	Zip Code 08055
Purpose of Disbursement REFUNDED CONTRIBUTION	Category/Type	
Candidate Name	Transaction ID : SB20A.I1597	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUNDED CONTRIBUTION
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	450.00
<b>TOTAL</b> 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 299 OF 306	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CAROLE E. KLANG</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 800 5TH AVE., #20-F		Amount of Each Disbursement this Period 2500.00
City NEW YORK State NY Zip Code 10065	Purpose of Disbursement REFUND - OVER LIMIT	Transaction ID : SB20A.I1254
Candidate Name	Category/Type	REFUND - OVER LIMIT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. MELISSA KOHL</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 279 HAWLEY ROAD		Amount of Each Disbursement this Period 264.00
City NORTH SALEM State NY Zip Code 10560	Purpose of Disbursement REFUND - OVER LIMIT	Transaction ID : SB20A.I1276
Candidate Name	Category/Type	REFUND - OVER LIMIT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS MOORE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 1200 BAYHILL DRIVE		Amount of Each Disbursement this Period 2500.00
City SAN BRUNO State CA Zip Code 94066	Purpose of Disbursement REFUNDED CONTRIBUTION	Transaction ID : SB20A.I1603
Candidate Name	Category/Type	REFUNDED CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5264.00
<b>TOTAL</b> 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 300 OF 306			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MOORE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 1200 BAYHILL DRIVE			Amount of Each Disbursement this Period 2500.00
City SAN BRUNO	State CA	Zip Code 94066	
Purpose of Disbursement REFUNDED CONTRIBUTION		Category/ Type	<b>Transaction ID : SB20A.I1604</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		REFUNDED CONTRIBUTION
State: District: 00			

Full Name (Last, First, Middle Initial) <b>B. DEBORAH REDD</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 106 TARKS LANE			Amount of Each Disbursement this Period 100.00
City SEVERNA PARK	State MD	Zip Code 21146	
Purpose of Disbursement REFUNDED CONTRIBUTION		Category/ Type	<b>Transaction ID : SB20A.I1601</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		REFUNDED CONTRIBUTION
State: District: 00			

Full Name (Last, First, Middle Initial) <b>C. STEPHEN SCHAIBLE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 1016 5TH AVE., #10D			Amount of Each Disbursement this Period 500.00
City NEW YORK	State NY	Zip Code 10028	
Purpose of Disbursement REFUND - OVER LIMIT		Category/ Type	<b>Transaction ID : SB20A.I1344</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		REFUND - OVER LIMIT
State: District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3100.00
<b>TOTAL</b> 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 301 OF 306	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. GAURANG TRIVEDI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 131 SPRING STREET		Amount of Each Disbursement this Period 2500.00
City SOUTH SALEM State NY Zip Code 10590	Purpose of Disbursement REFUND - OVER LIMIT	
Candidate Name		Transaction ID : SB20A.I1278
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	REFUND - OVER LIMIT

Full Name (Last, First, Middle Initial) <b>B. ANDREW VILLA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 1950 W. FRYE ROAD		Amount of Each Disbursement this Period 100.00
City CHANDLER State AZ Zip Code 85224	Purpose of Disbursement REFUNDED CONTRIBUTION	
Candidate Name		Transaction ID : SB20A.I1602
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	REFUNDED CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. JAVIER VIZOSO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 1114 HARDEE ROAD		Amount of Each Disbursement this Period 150.00
City CORAL GABLES State FL Zip Code 33146	Purpose of Disbursement REFUNDED CONTRIBUTION	
Candidate Name		Transaction ID : SB20A.I1600
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: 00	Category/Type	REFUNDED CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	11564.00

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 14**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Nan Hayworth** *[PERSONAL FUNDS]* Election: 2010  
 Primary  
 General  
 Other (specify) ▼ **PRIMARY 2010**

Mailing Address P.O. Box 189  
 City State ZIP Code  
 Mount Kisco NY 10549

Original Amount of Loan 110000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 110000.00
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**TERMS**  
 Date Incurred: M 09 / D 26 / Y 2009  
 Date Due: M / D / Y 12/31/2012  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 110000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 15**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Nan Hayworth** *[PERSONAL FUNDS]* Election: 2010  
 Primary  
 General  
 Other (specify) ▼ **PRIMARY 2010**

Mailing Address  
 P.O. Box 189

City State ZIP Code  
 Mount Kisco NY 10549

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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**TERMS**

Date Incurred: M 09 / D 30 / Y 2009 Date Due: M / D / Y 12/31/2012 Interest Rate: 0.00 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 40000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : SC 16

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Nan Hayworth</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY 2010
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2009	M M / D D / Y 12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

Transaction ID : SC 28

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼  
GENERAL 2010

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

**TERMS**

Date Incurred: M 03 / D 31 / Y 2010  
 Date Due: M / D / Y 12/31/2012  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	150000.00
<b>TOTALS</b> This Period (last page in this line only).....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 30**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Nan Hayworth</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>GENERAL 2010</b>
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2010	12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	500000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**