

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
New York 2014

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 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 Lisa Lisker

Signature of Treasurer Lisa Lisker [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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

New York 2014

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="62435.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="830000.00"/>	<input type="text" value="1265000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="892435.08"/>	<input type="text" value="1265000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="120691.12"/>	<input type="text" value="493256.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="771743.96"/>	<input type="text" value="771743.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1384.50"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

Write or Type Committee Name

New York 2014

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	830000.00	1265000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	830000.00	1265000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	830000.00	1265000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	830000.00	1265000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	830000.00	1265000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	10691.12	10989.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10691.12	10989.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	110000.00	482266.23
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	120691.12	493256.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120691.12	493256.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	830000.00	1265000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	830000.00	1265000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10691.12	10989.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10691.12	10989.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
New York 2014

A. Kenneth C. Griffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 S. Dearborn St.
 City Chicago State IL Zip Code 60603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Citadel LLC Occupation Founder/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11AI.4182
 Amount of Each Receipt this Period
100000.00

B. Dan Loeb
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Central Park West PH39
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Third Point LLC Occupation Investment Banker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11AI.4180
 Amount of Each Receipt this Period
250000.00

C. Linda E. McMahon
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Hurlingham Dr.
 City Greenwich State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WWE Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **125000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : SA11AI.4177
 Amount of Each Receipt this Period
100000.00

SUBTOTAL of Receipts This Page (optional).....	450000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
New York 2014

Full Name (Last, First, Middle Initial) A. J. Joe Ricketts		Date of Receipt MM / DD / YYYY 09 / 22 / 2014 Transaction ID : SA11AI.4178
Mailing Address PO Box 320		Amount of Each Receipt this Period 125000.00
City Bondurant	State NY	Zip Code 89222
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Business Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125000.00	

Full Name (Last, First, Middle Initial) B. Paul Singer		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 Transaction ID : SA11AI.4183
Mailing Address 1 West 81st St.		Amount of Each Receipt this Period 250000.00
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		
Name of Employer Elliott Management	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350000.00	

Full Name (Last, First, Middle Initial) C. Elizabeth M. Stern		Date of Receipt MM / DD / YYYY 09 / 17 / 2014 Transaction ID : SA11AI.4175
Mailing Address 450 Fort Hill Rd.		Amount of Each Receipt this Period 5000.00
City Scarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	380000.00
TOTAL This Period (last page this line number only).....▶	830000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
New York 2014

Full Name (Last, First, Middle Initial)

A. Covington & Burling LLP

Mailing Address 1201 Pennsylvania Ave., NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SB21B.4191

Amount of Each Disbursement this Period

9541.50

Full Name (Last, First, Middle Initial)

B. Huckaby Davis Lisker Inc.

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Compliance Consulting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SB21B.4189

Amount of Each Disbursement this Period

850.62

Full Name (Last, First, Middle Initial)

C. John McGrath LLC

Mailing Address PO Box 3904

City Albany State NY Zip Code 12203

Purpose of Disbursement
Web Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SB21B.4186

Amount of Each Disbursement this Period

299.00

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

10691.12

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

10691.12

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
New York 2014

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Covington & Burling LLP	Nature of Debt (Purpose): Legal Fees
Mailing Address 1201 Pennsylvania Ave., NW	
City State Zip Code Washington DC 20004	

Outstanding Balance Beginning This Period <input type="text" value="9541.50"/>	Transaction ID : SD10.4151	
Amount Incurred This Period <input type="text" value="1384.50"/>	Payment This Period <input type="text" value="9541.50"/>	Outstanding Balance at Close of This Period <input type="text" value="1384.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker Inc.	Nature of Debt (Purpose): Compliance Consulting
Mailing Address 228 S. Washington St., Ste. 115	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="850.62"/>	Transaction ID : SD10.4156	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="850.62"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1384.50"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="1384.50"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1384.50"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New York 2014	FEC IDENTIFICATION NUMBER ▼ C C00563171
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Thompson Communications Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2014
Mailing Address PO Box 5 200 W. Jefferson	Amount 110000.00
City Marshfield	State MO
Zip Code 65706	Transaction ID : SE.4162
Purpose of Expenditure IE-Woolf-Media Buy/Media Production	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2014
Category/Type 004	Name of Federal Candidate AARON WOOLF
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought 110000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address	Amount
City	State
Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought 	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	110000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	110000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2014