# 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 511

☒ Check if different than previously reported. (ACC)

CITY ▲ Chester STATE ▲ NY ZIP CODE ▲ 10918 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00466490

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

STATE ▼ NY DISTRICT 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 MM 11 / DD 04 / YYYY 2014 in the State of NY

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM 04 / DD 01 / YYYY 2014 through MM 06 / DD 04 / YYYY 2014

*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 MM 06 / DD 12 / YYYY 2014

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 | | | | | | | |
|---|---|---|---|---|---|---|---|

FEC **Form 3** (Revised 02/2003)

# SUMMARY PAGE
of Receipts and Disbursements



Write or Type Committee Name
Friends of Nan Hayworth

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 04 / 2014

| | 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)) .... | 101659.13 | 953746.60 |
| (b) Total Contribution Refunds (from Line 20(d)) ..... | 1000.00 | 7100.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..... | 100659.13 | 946646.60 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) ..... | 252680.70 | 667325.16 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 10959.74 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..... | 252680.70 | 656365.42 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 510560.85 | |
| 9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) ..... | 0.00 | |
| 10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) ..... | 670319.48 | |

**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: MM 04 / DD 01 / YYYY 2014 To: MM 06 / DD 04 / YYYY 2014

| 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) | 83272.73 | 778492.94 |
| (ii) Unitemized | 10286.40 | 26408.39 |
| (iii) TOTAL of contributions from individuals ▶ | 93559.13 | 804901.33 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 8100.00 | 98614.43 |
| (d) The Candidate | 0.00 | 50230.84 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 101659.13 | 953746.60 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 148.81 |
| 13. LOANS: (a) Made or Guaranteed by the Candidate | 0.00 | 132060.84 |
| (b) All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b)) | 0.00 | 132060.84 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 10959.74 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.11 | 50.86 |
| 16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶ | 101659.24 | 1096966.85 |

FEC **Form 3** (Revised 02/2003)

# DETAILED SUMMARY PAGE
of Disbursements



## II. DISBURSEMENTS

| | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 17. OPERATING EXPENDITURES | 252680.70 | 667325.16 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate | 0.00 | 63500.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 63500.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 1000.00 | 7100.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 1000.00 | 7100.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 253680.70 | 737925.16 |

## III. CASH SUMMARY

| | |
|---|---|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | 662582.31 |
| 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) | 101659.24 |
| 25. SUBTOTAL (add Line 23 and Line 24) | 764241.55 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | 253680.70 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 510560.85 |

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2600.00
Date of Receipt: 04 / 04 / 2014
Transaction ID : SA11.8835
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. 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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 28 / 2014
Transaction ID : SA11.9029
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**C.**
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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1100.00
Date of Receipt: 05 / 20 / 2014
Transaction ID : SA11.8983
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 3700.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 20 / 2014
Transaction ID : SA11.9007
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): STEPHANIE BECKER
Mailing Address: 120 BETHPAGE RD SUITE 102
City: HICKSVILLE State: NY Zip Code: 11801-1515
FEC ID number of contributing federal political committee.: C
Name of Employer: SELF
Occupation: OPHTHALMOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 04 / 2014
Transaction ID : SA11.9117
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. DAVID J. BERCK
Mailing Address: 16 ALTA LANE
City: CHAPPAQUA State: NY Zip Code: 10514-2902
FEC ID number of contributing federal political committee.: C
Name of Employer: MOUNT KISCO MEDICAL GROUP
Occupation: PERINATOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 18 / 2014
Transaction ID : SA11.8879
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): ROBERT L. BILLINGSLEY
Mailing Address: 6 RAMPART PASS
City: WACCABUC State: NY Zip Code: 10597-1017
FEC ID number of contributing federal political committee: C
Name of Employer: CASSIDY TURLEY
Occupation: REAL ESTATE BROKER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 05 / 19 / 2014
Transaction ID : SA11.8995
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): TAYLOR S BODMAN
Mailing Address: 18 ASH STREET
City: CAMBRIDGE State: MA Zip Code: 02138-4832
FEC ID number of contributing federal political committee: C
Name of Employer: BROWN BROTHERS HARRIMAN & CO.
Occupation: BANKER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 13 / 2014
Transaction ID : SA11.8956
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): JEREMIAH M. BOGERT
Mailing Address: 56 DAVIDS HILL ROAD
City: BEDFORD HILLS State: NY Zip Code: 10507-2520
FEC ID number of contributing federal political committee: C
Name of Employer: SILVERCREST ASSET MANAGEMENT GROU
Occupation: INVESTMENT COUNSELOR
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 06 / 03 / 2014
Transaction ID : SA11.9101
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

**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): JUDY BUKOSKY
Mailing Address: 5302 SUMMERWOOD DRIVE
City: TEMPLE State: TX Zip Code: 76502-8815
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: HOMEMAKER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 30 / 2014
Transaction ID : SA11.8920
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): RICHARD C. BYRNE
Mailing Address: 71 OLD OSCALETA ROAD
City: SOUTH SALEM State: NY Zip Code: 10590-1202
FEC ID number of contributing federal political committee: C
Name of Employer: TRADE ASSOCIATION MANAGEMENT
Occupation: EXECUTIVE
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11.9038
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DEBORAH CARSTENS
Mailing Address: 7101 N DESERT FAIRWAYS DR
City: PARADISE VLY State: AZ Zip Code: 85253-3338
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 350.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9066
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 850.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): ADAM M. COHEN
Mailing Address: 145 W. 67TH STREET, #34G
City: NEW YORK State: NY Zip Code: 10023-5940
FEC ID number of contributing federal political committee: C
Name of Employer: KIMCO REALTY CORPORATION
Occupation: VICE-PRESIDENT OF TAX
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 600.00
Date of Receipt: 05 / 31 / 2014
**Transaction ID : SA11.9068**
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. MITCHELL D. COHN
Mailing Address: 76 VALLEY LANE
City: CHAPPAQUA State: NY Zip Code: 10514-2003
FEC ID number of contributing federal political committee: C
Name of Employer: NORTHEASTERN ANESTHESIA SERVICE
Occupation: ANESTHESIOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 23 / 2014
**Transaction ID : SA11.8886**
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): JOSEPH A. COMERFORD
Mailing Address: 1223 ROUTE 82
City: HOPEWELL JUNCTION State: NY Zip Code: 12533-6253
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 225.00
Date of Receipt: 04 / 23 / 2014
**Transaction ID : SA11.8885**
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 650.00

**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): JOSEPH A. COMERFORD
Mailing Address: 1223 ROUTE 82
City: HOPEWELL JUNCTION State: NY Zip Code: 12533-6253
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 225.00
Date of Receipt: 05 / 31 / 2014
**Transaction ID : SA11.9054**
Amount of Each Receipt this Period: 50.00
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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 800.00
Date of Receipt: 05 / 19 / 2014
**Transaction ID : SA11.8996**
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. JOHN J. 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: CASTLE CONNOLLY MEDICAL, LTD.
Occupation: MEDICAL INFORMATION SERVICES
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 350.00
Date of Receipt: 04 / 29 / 2014
**Transaction ID : SA11.8908**
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 250.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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[X] 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): DR. JOHN J. 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: CASTLE CONNOLLY MEDICAL, LTD.
Occupation: MEDICAL INFORMATION SERVICES
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 350.00
Date of Receipt: 05 / 31 / 2014
**Transaction ID : SA11.9050**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): JOSEPH F. COUGHLIN
Mailing Address: 60 PARK DR. N
City: RYE State: NY Zip Code: 10580-1830
FEC ID number of contributing federal political committee: C
Name of Employer: CORPORATE RISK SOLUTION LLC
Occupation: CEO
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 20 / 2014
**Transaction ID : SA11.8991**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): ALFRED DELLIBOVI
Mailing Address: 15 GRANT STREET
City: LONG BRANCH State: NJ Zip Code: 07740-9306
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 31 / 2014
**Transaction ID : SA11.9062**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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[X] 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): CAMILLE DEMARTINO
Mailing Address: P.O. BOX 518
City: LINCOLNDALE State: NY Zip Code: 10540-0518
FEC ID number of contributing federal political committee.: C
Name of Employer: N/A
Occupation: HOMEMAKER
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 06 / 02 / 2014
Transaction ID : SA11.9096
Amount of Each Receipt this Period: 2000.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): JIM DESTEFANO
Mailing Address: 77 SPRAGUE AVENUE
City: MIDDLETOWN State: NY Zip Code: 10940-5223
FEC ID number of contributing federal political committee.: C
Name of Employer: OCCUPATIONS INC.
Occupation: EXECUTIVE
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 300.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9074
Amount of Each Receipt this Period: 200.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DARREN DOHERTY
Mailing Address: 9 MARION WAY
City: LAGRANGEVILLE State: NY Zip Code: 12540-5232
FEC ID number of contributing federal political committee.: C
Name of Employer: PACKAGE PAVEMENT
Occupation: CEO
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9075
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2450.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 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): DR. STEPHEN EADLINE
Mailing Address: 1729 BURRSTONE ROAD
City: NEW HARTFORD State: NY Zip Code: 13413-1001
FEC ID number of contributing federal political committee.: C
Name of Employer: SLOCUM DICKSON MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 04 / 01 / 2014
**Transaction ID : SA11.8769**
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. MOHAMED ELMOUSELY
Mailing Address: 14 SUNRISE TERRACE
City: LAGRANGEVILLE State: NY Zip Code: 12540-6615
FEC ID number of contributing federal political committee.: C
Name of Employer: NORTH AMERICAN PARTNERS IN ANESTHE
Occupation: ANESTHESIOLOGIST
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 04 / 30 / 2014
**Transaction ID : SA11.8947**
Amount of Each Receipt this Period: 1100.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. MOHAMED ELMOUSELY
Mailing Address: 14 SUNRISE TERRACE
City: LAGRANGEVILLE State: NY Zip Code: 12540-6615
FEC ID number of contributing federal political committee.: C
Name of Employer: NORTH AMERICAN PARTNERS IN ANESTHE
Occupation: ANESTHESIOLOGIST
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 04 / 30 / 2014
**Transaction ID : SA11.8948**
Amount of Each Receipt this Period: 1400.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): DR. 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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : SA11.8971
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): KERRY ENGLISH
Mailing Address: P.O. BOX 670
City: GOSHEN State: NY Zip Code: 10924-0670
FEC ID number of contributing federal political committee: C
Name of Employer: DANA DISTRIBUTORS INC.
Occupation: BEER DISTRIBUTOR
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 15 / 2014
Transaction ID : SA11.8960
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): JOHN FLYNN
Mailing Address: 22 WESTFIELD ROAD
City: BEDFORD State: NY Zip Code: 10506-1036
FEC ID number of contributing federal political committee: C
Name of Employer: CASSIDY-FLYNN FUNERAL HOME
Occupation: OWNER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 15 / 2014
Transaction ID : SA11.8877
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): DAVID FONTANELLA
Mailing Address: 34 TAMARACK DR
City: HOPEWELL JCT
State: NY
Zip Code: 12533-6430
FEC ID number of contributing federal political committee.: C
Name of Employer: N/A
Occupation: Unemployed
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 22 / 2014
Transaction ID : SA11.8994
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): MR. MARIO J. GABELLI
Mailing Address: 45 FIELDPOINT CIRCLE
City: GREENWICH
State: CT
Zip Code: 06830-7072
FEC ID number of contributing federal political committee.: C
Name of Employer: GAMCO INC.
Occupation: MONEY MANAGER
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 2600.00
Date of Receipt: 06 / 02 / 2014
Transaction ID : SA11.9097
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): LOUIS GIORDANO
Mailing Address: 1135 BRIDGE POINTE LANE
City: YORKTOWN HEIGHTS
State: NY
Zip Code: 10598-6208
FEC ID number of contributing federal political committee.: C
Name of Employer: CROTON AUTO PARK
Occupation: PRESIDENT
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 700.00
Date of Receipt: 06 / 04 / 2014
Transaction ID : SA11.9139
Amount of Each Receipt this Period: 350.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 3200.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[X] 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): ROBERT GOLDBERG
Mailing Address: 10 OSWEGO LANE
City: SHORT HILLS State: NJ Zip Code: 07078-1214
FEC ID number of contributing federal political committee: C
Name of Employer: TOURO COLLEGE OF OSTEOPATHIC MEDIC
Occupation: DEAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 29 / 2014
Transaction ID : SA11.8915
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. RICHARD P. GOLDMANN
Mailing Address: 55 ROMBOUT ROAD
City: POUGHKEEPSIE State: NY Zip Code: 12603-6216
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH AMERICAN PARTNERS IN ANESTHE
Occupation: ANESTHESIOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2750.00
Date of Receipt: 04 / 30 / 2014
Transaction ID : SA11.8949
Amount of Each Receipt this Period: 2350.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. RICHARD P. GOLDMANN
Mailing Address: 55 ROMBOUT ROAD
City: POUGHKEEPSIE State: NY Zip Code: 12603-6216
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH AMERICAN PARTNERS IN ANESTHE
Occupation: ANESTHESIOLOGIST
Receipt For: 2014
[ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 2750.00
Date of Receipt: 04 / 30 / 2014
Transaction ID : SA11.8950
Amount of Each Receipt this Period: 150.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2750.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): DR. KENNETH B. GRAHAM
Mailing Address: 21 CHESTNUT STREET
City: GARDEN CITY State: NY Zip Code: 11530-6220
FEC ID number of contributing federal political committee.: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 286.37
Date of Receipt: 06 / 04 / 2014
**Transaction ID : SA11.9134**
Amount of Each Receipt this Period: 150.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. KENNETH B. GRAHAM
Mailing Address: 21 CHESTNUT STREET
City: GARDEN CITY State: NY Zip Code: 11530-6220
FEC ID number of contributing federal political committee.: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 286.37
Date of Receipt: 06 / 04 / 2014
**Transaction ID : SA11.9142**
Amount of Each Receipt this Period: 136.37
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): JAMES J. HAHN
Mailing Address: 90 MAPLE WOOD DRIVE
City: BREWSTER State: NY Zip Code: 10509-5003
FEC ID number of contributing federal political committee.: C
Name of Employer: HAHN ENGINEERING, P.C.
Occupation: CONSULTING ENGINEER
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 30 / 2014
**Transaction ID : SA11.8921**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 536.37

**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)
[X] 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): DR. PETER HERSH
Mailing Address: 1800 LARGER CROSS RD
City: FAR HILLS State: NJ Zip Code: 07931-2680
FEC ID number of contributing federal political committee: C
Name of Employer: CORNEA & LASER EYE INSTITUTE
Occupation: OPHTHALMOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 29 / 2014
Transaction ID : SA11.9035
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. MARC A. HERTZ
Mailing Address: 204 COUNTRY RIDGE DRIVE
City: RYE BROOK State: NY Zip Code: 10573-1004
FEC ID number of contributing federal political committee: C
Name of Employer: MOUNT KISCO MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: 2014
[ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 3600.00
Date of Receipt: 05 / 15 / 2014
Transaction ID : SA11.8967
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): JOHN DAVID HERVEY
Mailing Address: 433 JAY ST
City: KATONAH State: NY Zip Code: 10536-3714
FEC ID number of contributing federal political committee: C
Name of Employer: LAZARD FINANCIAL MARKETS
Occupation: FINANCIAL ANALYST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 600.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9085
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1350.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[X] 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): MORTON HYMAN
Mailing Address: 16 BEDFORD CENTER ROAD
City: BEDFORD HILLS State: NY Zip Code: 10507-2202
FEC ID number of contributing federal political committee: C
Name of Employer: MPH ENTERPRISES
Occupation: PRIVATE INVESTOR
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9073
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. JOHN C. JENNINGS
Mailing Address: 2405 SPOONBILL DRIVE
City: LEAGUE CITY State: TX Zip Code: 77573-3076
FEC ID number of contributing federal political committee: C
Name of Employer: TEXAS TECHNICAL UNIVERSITY
Occupation: PROFESSOR OF OBSTETRICS AND GYNEC
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 750.00
Date of Receipt: 04 / 08 / 2014
Transaction ID : SA11.8843
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**C.**
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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 450.00
Date of Receipt: 04 / 24 / 2014
Transaction ID : SA11.8899
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 800.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[X] 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): EDWARD KELLY
Mailing Address: 11LONG MEADOW RD
City: BEDFORD State: NY Zip Code: 10506-1119
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9069
Amount of Each Receipt this Period: 250.00
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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9058
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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 30 / 2014
Transaction ID : SA11.8935
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[X] 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): JAMES W. KILMAN
Mailing Address: 45 TOWER HILL ROAD
City: SCARBOROUGH State: NY Zip Code: 10510-2559
FEC ID number of contributing federal political committee: C
Name of Employer: MORGAN STANLEY & CO.
Occupation: BANKER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 20 / 2014
Transaction ID : SA11.8923
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): CARL KING
Mailing Address: 13562 BRAEMAR DRIVE
City: DALLAS State: TX Zip Code: 75234-5130
FEC ID number of contributing federal political committee: C
Name of Employer: AETNA
Occupation: EXECUTIVE
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 26 / 2014
Transaction ID : SA11.8905
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. RONALD H. KIRKLAND
Mailing Address: 107 TUCKAHOE ROAD
City: JACKSON State: TN Zip Code: 38305-8864
FEC ID number of contributing federal political committee: C
Name of Employer: THE JACKSON CLINIC
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9083
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[ ] 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): DR. 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: 2014
[ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 4000.00
Date of Receipt: 05 / 31 / 2014
**Transaction ID : SA11.9082**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): HOWARD A. LANE
Mailing Address: 2185 WANTAGH AVENUE
City: WANTAGH State: NY Zip Code: 11793-3917
FEC ID number of contributing federal political committee.: C
Name of Employer: SOUTH SHORE EYE CARE
Occupation: OPHTHALMOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 04 / 2014
**Transaction ID : SA11.9135**
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): LARRY LAWRENCE
Mailing Address: 40 BROOKRIDGE DRIVE
City: GREENWICH State: CT Zip Code: 06830-4830
FEC ID number of contributing federal political committee.: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 15 / 2014
**Transaction ID : SA11.8961**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): FRANCISCO LEON
Mailing Address: 6311 RIVIERA DRIVE
City: CORAL GABLES State: FL Zip Code: 33146-3522
FEC ID number of contributing federal political committee: C
Name of Employer: FEMWELL
Occupation: CHIEF EXECUTIVE OFFICER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 28 / 2014
Transaction ID : SA11.9030
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. 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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 750.00
Date of Receipt: 04 / 23 / 2014
Transaction ID : SA11.8882
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. ABE LEVY
Mailing Address: 4875 PELICAN COLONY BLVD
City: BONITA SPRINGS State: FL Zip Code: 34134-6917
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 450.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9049
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 850.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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[X] 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): 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: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2500.00
Date of Receipt: 04 / 09 / 2014
**Transaction ID : SA11.8844**
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. LEN LICHTENFELD
Mailing Address: 103 HIDING PLACE
City: THOMASVILLE State: GA Zip Code: 31792-8829
FEC ID number of contributing federal political committee.: C
Name of Employer: AMERICAN CANCER SOCIETY
Occupation: PHYSICIAN EXECUTIVE
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 23 / 2014
**Transaction ID : SA11.9015**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**C.**
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 EFFO
Occupation: INFORMATION REQUESTED PER BEST EFF
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2600.00
Date of Receipt: 05 / 31 / 2014
**Transaction ID : SA11.9158**
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 3350.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): JOSEPH MALICHIO
Mailing Address: 5 SCOFIELD RD.
City: POUND RIDGE State: NY Zip Code: 10576-1332
FEC ID number of contributing federal political committee: C
Name of Employer: MCMAHON CUSTOM MEDIA
Occupation: DIRECTOR OF MEDICAL EDUCATION
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 30 / 2014
**Transaction ID : SA11.8933**
Amount of Each Receipt this Period: 150.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. 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: PAIN MANAGEMENT SPECIALIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 450.00
Date of Receipt: 04 / 23 / 2014
**Transaction ID : SA11.8895**
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DAVID MANKO
Mailing Address: 6 LONG BOW COURT
City: COMMACK State: NY Zip Code: 11725-1208
FEC ID number of contributing federal political committee: C
Name of Employer: RIVKIN RADLER
Occupation: LAWYER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 19 / 2014
**Transaction ID : SA11.8974**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): ROBERT MARGOLIS, MD
Mailing Address: 9 EASTFIELD DR
City: ROLLING HILLS State: CA Zip Code: 90274-5251
FEC ID number of contributing federal political committee: C
Name of Employer: HEALTHCARE PARTNERS
Occupation: PHYSICIAN/CEO
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 30 / 2014
Transaction ID : SA11.8931
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. ALAN B. MARKS
Mailing Address: 22 KNOLLWOOD ROAD
City: MUTTONTOWN State: NY Zip Code: 11545-3319
FEC ID number of contributing federal political committee: C
Name of Employer: LONG ISLAND EYE SURGERY, P.C.
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 06 / 04 / 2014
Transaction ID : SA11.9136
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): GEORGE A. MATTSON JR.
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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 300.00
Date of Receipt: 04 / 30 / 2014
Transaction ID : SA11.8934
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 550.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[ ] 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): GEORGE A. MATTSON JR.
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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 300.00
Date of Receipt: 05 / 19 / 2014
Transaction ID : SA11.8998
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): LINDA MCMAHON
Mailing Address: 14 HURLINGHAM DRIVE
City: GREENWICH State: CT Zip Code: 06831-2739
FEC ID number of contributing federal political committee: C
Name of Employer: MCMAHON VENTURES, LLC
Occupation: EXECUTIVE
Receipt For: 2014
[ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 5200.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11.8981
Amount of Each Receipt this Period: 2600.00
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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11.8767
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 3150.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): JOHN MELKON
Mailing Address: BOX 57
City: WEST POINT State: NY Zip Code: 10996-0057
FEC ID number of contributing federal political committee.: C
Name of Employer: US ARMY
Occupation: CONTRACTOR
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 450.00
Date of Receipt: 04 / 24 / 2014
Transaction ID : SA11.8896
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): JOHN MELKON
Mailing Address: BOX 57
City: WEST POINT State: NY Zip Code: 10996-0057
FEC ID number of contributing federal political committee.: C
Name of Employer: US ARMY
Occupation: CONTRACTOR
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 450.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9041
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): JEFFREY B. MESKIN
Mailing Address: 209 CLOISTER GREEN LANE
City: MEMPHIS State: TN Zip Code: 38120-2364
FEC ID number of contributing federal political committee.: C
Name of Employer: BROWN BROTHERS HARRIMAN & CO
Occupation: PARTNER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 06 / 03 / 2014
Transaction ID : SA11.9100
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1200.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): DONALD K. MILLER
Mailing Address: 588 ROUND HILL RD.
City: GREENWICH State: CT Zip Code: 06831-2724
FEC ID number of contributing federal political committee.: C
Name of Employer: AXIOM INT'L. INVESTORS
Occupation: ASSET MANAGEMENT
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 03 / 2014
**Transaction ID : SA11.9098**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): PRISCILLA C. MILLER
Mailing Address: 588 ROUND HILL RD
City: GREENWICH State: CT Zip Code: 06831-2724
FEC ID number of contributing federal political committee.: C
Name of Employer: N/A
Occupation: NONE
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 03 / 2014
**Transaction ID : SA11.9099**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): JOHN MITCHELL
Mailing Address: 250 EAST 54TH ST - APT 38D
City: NEW YORK State: NY Zip Code: 10022-4819
FEC ID number of contributing federal political committee.: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 11 / 2014
**Transaction ID : SA11.8954**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2250.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): DR. ROBERT NEWBORN
Mailing Address: 39 MAYBERRY ROAD
City: CHAPPAQUA State: NY Zip Code: 10514-1119
FEC ID number of contributing federal political committee.: C
Name of Employer: DANBURY HOSPITAL
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 750.00
Date of Receipt: 06 / 02 / 2014
Transaction ID : SA11.9092
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. ANTOINETTE NIGRO
Mailing Address: 1581 OVERHILL STREET
City: YORKTOWN HEIGHTS State: NY Zip Code: 10598-5409
FEC ID number of contributing federal political committee.: C
Name of Employer: MOUNT KISCO MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11.8939
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. JUAN NOGUERAS
Mailing Address: 7901 SEQUOIA LANE
City: PARKLAND State: FL Zip Code: 33067-2390
FEC ID number of contributing federal political committee.: C
Name of Employer: CLEVELAND CLINIC FLORIDA
Occupation: CHIEF OF STAFF
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 26 / 2014
Transaction ID : SA11.9016
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): DR. 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: SURGEON
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 30 / 2014
**Transaction ID : SA11.8932**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. DANIEL J. O'DEA
Mailing Address: 2 TACONIC VIEW COURT
City: LAGRANGEVILLE State: NY Zip Code: 12540-5518
FEC ID number of contributing federal political committee: C
Name of Employer: THE HEART CENTER
Occupation: CARDIOLOGIST
Receipt For: 2014
[ ] Primary [X] General [ ] Other (specify)
Election Cycle-to-Date: 5000.00
Date of Receipt: 05 / 20 / 2014
**Transaction ID : SA11.8985**
Amount of Each Receipt this Period: 2500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): RICHARD L. PALMER
Mailing Address: 20 FOREST HILL LANE
City: CHESTER State: NY Zip Code: 10918-2441
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 06 / 03 / 2014
**Transaction ID : SA11.9114**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 3750.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[X] 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): BRUCE G. PENDERGAST
Mailing Address: 75 FALCONER STREET
City: BEACON State: NY Zip Code: 12508-3528
FEC ID number of contributing federal political committee.: C
Name of Employer: PARTNER REINSURANCE COMPANY
Occupation: ACTUARY
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 28 / 2014
Transaction ID : SA11.9032
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): LAN PHAM
Mailing Address: 16 NOTTINGHAM WAY
City: MAHOPAC State: NY Zip Code: 10541-3774
FEC ID number of contributing federal political committee.: C
Name of Employer: NORTHERN WESTCHESTER OPHTHALMOLC
Occupation: OPHTHALMOLOGIST
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9084
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): GREGORY PINTO
Mailing Address: 414 MAPLE AVE
City: SARATOGA SPRINGS State: NY Zip Code: 12866-5550
FEC ID number of contributing federal political committee.: C
Name of Employer: SELF
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 04 / 29 / 2014
Transaction ID : SA11.8913
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[ ] 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): LARRY PRESSLER
Mailing Address: 5105 S. ROLLING GREEN AVE.
City: SIOUX FALLS State: SD Zip Code: 57108-2226
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 23 / 2014
Transaction ID : SA11.9017
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. ARNOLD S. PRYWES
Mailing Address: 12 JASON COURT
City: DIX HILLS State: NY Zip Code: 11746-5839
FEC ID number of contributing federal political committee: C
Name of Employer: EYE CARE OPTHALMOLOGY
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 04 / 2014
Transaction ID : SA11.9137
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. 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: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 400.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9047
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 850.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): HERBERT H. REDL
Mailing Address: 80 WASHINGTON ST SUITE 100
City: POUGHKEEPSIE State: NY Zip Code: 12601-2316
FEC ID number of contributing federal political committee.: C
Name of Employer: HERB REDL PROPERTIES
Occupation: REAL ESTATE
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 04 / 2014
**Transaction ID : SA11.9131**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): PETER J. REGNA
Mailing Address: 45 SPEAR ROAD
City: RAMSEY State: NJ Zip Code: 07446-1221
FEC ID number of contributing federal political committee.: C
Name of Employer: AERO TEC LABORATORIES
Occupation: ENGINEER
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 04 / 20 / 2014
**Transaction ID : SA11.8925**
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): PETER J. REGNA
Mailing Address: 45 SPEAR ROAD
City: RAMSEY State: NJ Zip Code: 07446-1221
FEC ID number of contributing federal political committee.: C
Name of Employer: AERO TEC LABORATORIES
Occupation: ENGINEER
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 400.00

Date of Receipt: 05 / 31 / 2014
**Transaction ID : SA11.9046**
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 450.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

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[X] 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): PETER J. REGNA
Mailing Address: 45 SPEAR ROAD
City: RAMSEY State: NJ Zip Code: 07446-1221
FEC ID number of contributing federal political committee: C
Name of Employer: AERO TEC LABORATORIES
Occupation: ENGINEER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 400.00
Date of Receipt: 06 / 03 / 2014
Transaction ID : SA11.9104
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): MARIA 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: N/A
Occupation: HOMEMAKER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 04 / 29 / 2014
Transaction ID : SA11.8912
Amount of Each Receipt this Period: 2000.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): BERT C. ROBERTS JR.
Mailing Address: 1808 MILVALE ROAD
City: ANNAPOLIS State: MD Zip Code: 21409-5923
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2600.00
Date of Receipt: 05 / 23 / 2014
Transaction ID : SA11.9018
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 4700.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 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): ADAM ROSE
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: ROSE ASSOCIATES, INC.
Occupation: REAL ESTATE
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 05 / 04 / 2014
**Transaction ID : SA11.8943**
Amount of Each Receipt this Period: 1500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. BRETT ROSENBLATT
Mailing Address: 1 OVERTON PASS
City: ST JAMES State: NY Zip Code: 11780-1323
FEC ID number of contributing federal political committee: C
Name of Employer: LIVR
Occupation: OPHTHALMOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 386.36
Date of Receipt: 05 / 31 / 2014
**Transaction ID : SA11.9043**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. BRETT ROSENBLATT
Mailing Address: 1 OVERTON PASS
City: ST JAMES State: NY Zip Code: 11780-1323
FEC ID number of contributing federal political committee: C
Name of Employer: LIVR
Occupation: OPHTHALMOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 386.36
Date of Receipt: 06 / 04 / 2014
**Transaction ID : SA11.9144**
Amount of Each Receipt this Period: 136.36
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1886.36

**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)
[X] 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): MARK L. ROSEN
Mailing Address: 744 FOREST AVENUE
City: LARCHMONT State: NY Zip Code: 10538-1314
FEC ID number of contributing federal political committee.: C
Name of Employer: ADECCO
Occupation: SENIOR VICE PRESIDENT
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 300.00
Date of Receipt: 05 / 31 / 2014
Transaction ID : SA11.9045
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): MATTHEW ROTHFLEISCH
Mailing Address: 3 EDWARDS COURT
City: BEDFORD CORNERS State: NY Zip Code: 10549-4967
FEC ID number of contributing federal political committee.: C
Name of Employer: DEL MAR ASSET MANAGEMENT
Occupation: PORTFOLIO MANAGER
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2600.00
Date of Receipt: 05 / 07 / 2014
Transaction ID : SA11.8946
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): NETA N. SACKS
Mailing Address: 58 KITCHAWAN RD
City: POUND RIDGE State: NY Zip Code: 10576-1314
FEC ID number of contributing federal political committee.: C
Name of Employer: AMERICAN CAPITOL LTD
Occupation: FINANCE
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 20 / 2014
Transaction ID : SA11.8990
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2950.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): CAMILLO SANTOMERO III
Mailing Address: 393 GUARD HILL ROAD
City: BEDFORD State: NY Zip Code: 10506-1043
FEC ID number of contributing federal political committee.: C
Name of Employer: LORDAE, LLC
Occupation: FINANCE
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 5200.00

Date of Receipt: 04 / 25 / 2014
**Transaction ID : SA11.8901**
Amount of Each Receipt this Period: 4450.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): CAMILLO SANTOMERO III
Mailing Address: 393 GUARD HILL ROAD
City: BEDFORD State: NY Zip Code: 10506-1043
FEC ID number of contributing federal political committee.: C
Name of Employer: LORDAE, LLC
Occupation: FINANCE
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 5200.00

Date of Receipt: 04 / 25 / 2014
**Transaction ID : SA11.8901B**
Amount of Each Receipt this Period: -2600.00
CONTRIBUTION
**[MEMO ITEM]**
REDESIGNATION TO GENERAL

**C.**
Full Name (Last, First, Middle Initial): CAMILLO SANTOMERO III
Mailing Address: 393 GUARD HILL ROAD
City: BEDFORD State: NY Zip Code: 10506-1043
FEC ID number of contributing federal political committee.: C
Name of Employer: LORDAE, LLC
Occupation: FINANCE
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 5200.00

Date of Receipt: 04 / 25 / 2014
**Transaction ID : SA11.9153**
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION
**[MEMO ITEM]**
REDESIGNATION FROM PRIMARY

**SUBTOTAL** of Receipts This Page (optional) ..... 4450.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): ALEXANDER 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: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 05 / 09 / 2014
Transaction ID : SA11.8951
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: OTOLARYNGOLOGIST
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11.8978
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): ROBERT SELVAGGIO
Mailing Address: 16 ROCHAMBEAU ROAD
City: SCARSDALE State: NY Zip Code: 10583-4318
FEC ID number of contributing federal political committee: C
Name of Employer: RUTTER ASSOCIATES
Occupation: PARTNER AND HEAD OF ANALYTICS
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11.8766
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): 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: MKMG
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : SA11.8940
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): MRS. C. SIDAMON-ERISTOFF
Mailing Address: 120 EAST END AVENUE
City: NEW YORK State: NY Zip Code: 10028-7552
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: HOUSEWIFE
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 06 / 03 / 2014
Transaction ID : SA11.9110
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): JOHN T. SINNOTT
Mailing Address: 77 OLD LOGGING ROAD
City: BEDFORD State: NY Zip Code: 10506-1604
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 06 / 04 / 2014
Transaction ID : SA11.9116
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): 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: WELLNESS REBATES
Occupation: CHIEF EXECUTIVE OFFICER
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00
Date of Receipt: 05 / 19 / 2014
**Transaction ID : SA11.8973**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**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: WELLNESS REBATES
Occupation: CHIEF EXECUTIVE OFFICER
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00
Date of Receipt: 05 / 19 / 2014
**Transaction ID : SA11.8973B**
Amount of Each Receipt this Period: -400.00
CONTRIBUTION
**[MEMO ITEM]**
REDESIGNATION TO GENERAL

**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: WELLNESS REBATES
Occupation: CHIEF EXECUTIVE OFFICER
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Election Cycle-to-Date: 3000.00
Date of Receipt: 05 / 19 / 2014
**Transaction ID : SA11.9155**
Amount of Each Receipt this Period: 400.00
CONTRIBUTION
**[MEMO ITEM]**
REDESIGNATION FROM PRIMARY

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): F. RANDALL SMITH
Mailing Address: 325 E. 53RD STREET, #3
City: NEW YORK State: NY Zip Code: 10022-4923
FEC ID number of contributing federal political committee.: C
Name of Employer: CAPITAL COUNSEL, LLC
Occupation: INVESTMENT ADVISOR
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2600.00

Date of Receipt: 05 / 23 / 2014
**Transaction ID : SA11.9021**
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. ROBERT SOLEY
Mailing Address: 30 GRIFFEN AVE.
City: SCARSDALE State: NY Zip Code: 10583-7661
FEC ID number of contributing federal political committee.: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 09 / 2014
**Transaction ID : SA11.8845**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): MICHAEL H. SPAIN
Mailing Address: 607 GIPSY TRAIL
City: CARMEL State: NY Zip Code: 10512-4202
FEC ID number of contributing federal political committee.: C
Name of Employer: SPAIN AGENCY, INC.
Occupation: OWNER
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 20 / 2014
**Transaction ID : SA11.8929**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 3850.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): 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: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 02 / 2014
**Transaction ID : SA11.9095**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): WILLIS H. STEPHENS
Mailing Address: 50 FEDERAL HILL ROAD
City: BREWSTER State: NY Zip Code: 10509-5305
FEC ID number of contributing federal political committee.: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 05 / 20 / 2014
**Transaction ID : SA11.8987**
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): ELIZABETH M. STERN
Mailing Address: 450 FORT HILL ROAD
City: SCARSDALE State: NY Zip Code: 10583-2413
FEC ID number of contributing federal political committee.: C
Name of Employer: N/A
Occupation: RETIRED
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 01 / 2014
**Transaction ID : SA11.8980**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 2100.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): 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: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 450.00
Date of Receipt: 04 / 16 / 2014
Transaction ID : SA11.8878
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: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 450.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : SA11.8969
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): DR. JODI J. SUTTON
Mailing Address: 6 PIPING BROOK LANE
City: BEDFORD State: NY Zip Code: 10506-2208
FEC ID number of contributing federal political committee.: C
Name of Employer: MOUNT KISCO MEDICAL GROUP
Occupation: OBSTETRICIAN-GYNECOLOGIST
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 06 / 02 / 2014
Transaction ID : SA11.9094
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 600.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): DR. CHARLES TRESSLER
Mailing Address: 3 ROSEMARY COURT
City: YORKTOWN HEIGHTS State: NY Zip Code: 10598-6342
FEC ID number of contributing federal political committee.: C
Name of Employer: PFIZER
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 600.00
Date of Receipt: 05 / 27 / 2014
Transaction ID : SA11.9028
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. RICHARD WALDMAN
Mailing Address: 6100 WOLFEBORO ROAD
City: JAMESVILLE State: NY Zip Code: 13078-9304
FEC ID number of contributing federal political committee.: C
Name of Employer: ASSOCIATES FOR WOMEN'S MEDICINE
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 05 / 20 / 2014
Transaction ID : SA11.8984
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): PAMELA WEBER
Mailing Address: 1500 WILLIAM FLOYD PARKWAY SUITE 3
City: SHIRLEY State: NY Zip Code: 11967-1800
FEC ID number of contributing federal political committee.: C
Name of Employer: ISLAND RETINA
Occupation: PHYSICIAN
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11.9036
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 1100.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): ROBERT WEISZ
Mailing Address: 800 WESTCHESTER AVENUE, SUITE N601
City: RYE BROOK State: NY Zip Code: 10573-1331
FEC ID number of contributing federal political committee: C
Name of Employer: RPW GROUP
Occupation: PRESIDENT
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 06 / 04 / 2014
Transaction ID : SA11.9115
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): DR. 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: PEDIATRICIAN
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 1100.00
Date of Receipt: 05 / 15 / 2014
Transaction ID : SA11.8965
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): RICK WITMER
Mailing Address: 16 FORT HILLS LANE
City: GREENWICH State: CT Zip Code: 06831-3719
FEC ID number of contributing federal political committee: C
Name of Employer: BROWN BOTHERS HARRIMAN
Occupation: INVESTOR
Receipt For: 2014
[X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2600.00
Date of Receipt: 04 / 27 / 2014
Transaction ID : SA11.8907
Amount of Each Receipt this Period: 2600.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 3200.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): ALAN ZARETSKY
Mailing Address: 60 MORROW AVE
City: SCARSDALE State: NY Zip Code: 10583-4660
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: REAL ESTATE
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 05 / 20 / 2014
**Transaction ID : SA11.9009**
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

**SUBTOTAL** of Receipts This Page (optional) ..... 250.00

**TOTAL** This Period (last page this line number only) ..... 83272.73

# SCHEDULE 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 ☐ 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): LUKE MESSER FOR CONGRESS
Mailing Address: PO BOX 917
City: SHELBYVILLE State: IN Zip Code: 46176-0917
FEC ID number of contributing federal political committee: C C00460667
Name of Employer:
Occupation:
Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 04 / 20 / 2014
**Transaction ID : SA11.8927**
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial): FRIENDS OF MELISSA BONACIC
Mailing Address: P.O. BOX 501
City: NEW HAMPTON State: NY Zip Code: 10958-0501
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 100.00
Date of Receipt: 05 / 23 / 2014
**Transaction ID : SA11.9022**
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

**C.**
Full Name (Last, First, Middle Initial): AMERICAN ACADEMY OF OPTHALMOLOGY PAC
Mailing Address: 655 BEACH STREET
City: SAN FRANCISCO State: CA Zip Code: 94109-1342
FEC ID number of contributing federal political committee: C C00196246
Name of Employer:
Occupation:
Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 10000.00
Date of Receipt: 06 / 04 / 2014
**Transaction ID : SA11.9133**
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 6100.00

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

# SCHEDULE A (FEC Form 3)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 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)
AMERICAN MEDICAL GROUP ASSOCIATION PAC
Mailing Address P.O. BOX 26366
City: ALEXANDRIA State: VA Zip Code: 22313-6366
FEC ID number of contributing federal political committee. C C00408120
Name of Employer
Occupation
Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date 2000.00
Date of Receipt 05 / 01 / 2014
**Transaction ID : SA11.8977**
Amount of Each Receipt this Period 2000.00
CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period

**C.**
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

**TOTAL** This Period (last page this line number only) ..... 8100.00

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): ROBERT ALLARD
Mailing Address: 205 MOREY PARK ROAD
City: NASSAU State: NY Zip Code: 12123
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 22 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 275.00
Transaction ID : SB17.I1968
EMPLOYEE SALARY

**B.** Full Name (Last, First, Middle Initial): ALEXANDER ARZOUMANOV
Mailing Address: 56 COUNTRY CLUB DRIVE
City: FLORIDA State: NY Zip Code: 10921
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 01 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.I1944
EMPLOYEE SALARY

**C.** Full Name (Last, First, Middle Initial): ALEXANDER ARZOUMANOV
Mailing Address: 56 COUNTRY CLUB DRIVE
City: FLORIDA State: NY Zip Code: 10921
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 05 / D D 01 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.I1964
EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional) ..... 5275.00

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): ALEXANDER ARZOUMANOV
Mailing Address: 56 COUNTRY CLUB DRIVE
City: FLORIDA State: NY Zip Code: 10921
Purpose of Disbursement: EMPLOYEE COMMISSION
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 16 / 2014
Amount of Each Disbursement this Period: 24482.00
Transaction ID : SB17.I1977
EMPLOYEE COMMISSION

**B.**
Full Name (Last, First, Middle Initial): ALEXANDER ARZOUMANOV
Mailing Address: 56 COUNTRY CLUB DRIVE
City: FLORIDA State: NY Zip Code: 10921
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 15 / 2014
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.I1980
EMPLOYEE SALARY

**C.**
Full Name (Last, First, Middle Initial): ALEXANDER ARZOUMANOV
Mailing Address: 56 COUNTRY CLUB DRIVE
City: FLORIDA State: NY Zip Code: 10921
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 / 02 / 2014
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.I1991
EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional) ..... 29482.00

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 56 COUNTRY CLUB DRIVE

City: FLORIDA State: NY Zip Code: 10921

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 15 / 2014

Amount of Each Disbursement this Period: 2500.00

**Transaction ID : SB17.I2002**

EMPLOYEE SALARY

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

Mailing Address 182 COUNTRY CLUB DRIVE

City: FLORIDA State: NY Zip Code: 10921

Purpose of Disbursement: SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 795.00

**Transaction ID : SB17.I1946**

SALARY

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

Mailing Address 182 COUNTRY CLUB DRIVE

City: FLORIDA State: NY Zip Code: 10921

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 1250.00

**Transaction ID : SB17.I1965**

EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional) ..... 4545.00

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 182 COUNTRY CLUB DRIVE

City: FLORIDA State: NY Zip Code: 10921

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 15 / 2014

Amount of Each Disbursement this Period: 1250.00

Transaction ID : SB17.I1981

EMPLOYEE SALARY

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

Mailing Address 182 COUNTRY CLUB DRIVE

City: FLORIDA State: NY Zip Code: 10921

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 1250.00

Transaction ID : SB17.I1992

EMPLOYEE SALARY

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

Mailing Address 182 COUNTRY CLUB DRIVE

City: FLORIDA State: NY Zip Code: 10921

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 15 / 2014

Amount of Each Disbursement this Period: 1250.00

Transaction ID : SB17.I2003

EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional) ..... 3750.00

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): NICHOLAS BIBLIS
Mailing Address: 182 COUNTRY CLUB DRIVE
City: FLORIDA State: NY Zip Code: 10921
Purpose of Disbursement: EXPENSE REIMBURSEMENT: MILEAGE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 09 / 2014
Amount of Each Disbursement this Period: 369.21
**Transaction ID : SB17.I2014**
EXPENSE REIMBURSEMENT: MILEAGE

**B.** Full Name (Last, First, Middle Initial): JOSEPH COHEN
Mailing Address: 2 JANNA COURT
City: CHESTNUT RIDGE State: NY Zip Code: 10977
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 22 / 2014
Amount of Each Disbursement this Period: 225.00
**Transaction ID : SB17.I1969**
EMPLOYEE SALARY

**C.** Full Name (Last, First, Middle Initial): MATTHEW COVUCCI
Mailing Address: 90 HARDEN DRIVE
City: LAGRANGEVILLE State: NY Zip Code: 12540
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 22 / 2014
Amount of Each Disbursement this Period: 500.00
**Transaction ID : SB17.I1970**
EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional) ..... 1094.21

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): MARK DELLICOLLI
Mailing Address: 2 GOLDWIN STREET
City: RYE State: NY Zip Code: 10680
Purpose of Disbursement: DATA MANAGEMENT
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 06 / D D 03 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.I2025
DATA MANAGEMENT

**B.** Full Name (Last, First, Middle Initial): ANDREW ENGLERT
Mailing Address: 74 ELK ROAD
City: HOPEWELL JUNCTION State: NY Zip Code: 12533
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 22 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 275.00
Transaction ID : SB17.I1971
EMPLOYEE SALARY

**C.** Full Name (Last, First, Middle Initial): TIMOTHY FUREY
Mailing Address: 217-25 50TH AVE.
City: BAYSIDE State: NY Zip Code: 11364
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 05 / D D 22 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 463.75
Transaction ID : SB17.I1997
EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional) ..... 3238.75

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City: MIDDLETOWN State: NY Zip Code: 10940

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 2000.00

**Transaction ID : SB17.I1945**

EMPLOYEE SALARY

**B.** Full Name (Last, First, Middle Initial)
CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City: MIDDLETOWN State: NY Zip Code: 10940

Purpose of Disbursement: EXPENSE REIMBURSEMENT: SEE BELOW

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 02 / 2014

Amount of Each Disbursement this Period: 293.22

**Transaction ID : SB17.I1953**

EXPENSE REIMBURSEMENT: SEE BELOW

**C.** Full Name (Last, First, Middle Initial)
COURTYARD MARRIOTT

Mailing Address 24 CRYSTAL RUN CROSSING

City: MIDDLETOWN State: NY Zip Code: 10941

Purpose of Disbursement: LODGING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 293.22

**Transaction ID : SB17.I1954**

**[MEMO ITEM]**
LODGING

**SUBTOTAL** of Disbursements This Page (optional) ..... 2293.22

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City: MIDDLETOWN State: NY Zip Code: 10940

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.I1966

EMPLOYEE SALARY

**B.** Full Name (Last, First, Middle Initial)
CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City: MIDDLETOWN State: NY Zip Code: 10940

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 15 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.I1982

EMPLOYEE SALARY

**C.** Full Name (Last, First, Middle Initial)
CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City: MIDDLETOWN State: NY Zip Code: 10940

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.I1993

EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional) ..... 7000.00

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City: MIDDLETOWN State: NY Zip Code: 10940

Purpose of Disbursement
EXPENSE REIMBURSEMENT: PHOTOCOPIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 29 / 2014

Amount of Each Disbursement this Period: 91.00

**Transaction ID : SB17.I1998**

EXPENSE REIMBURSEMENT: PHOTOCOPIES

**B.** Full Name (Last, First, Middle Initial)
CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City: MIDDLETOWN State: NY Zip Code: 10940

Purpose of Disbursement
EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 15 / 2014

Amount of Each Disbursement this Period: 2500.00

**Transaction ID : SB17.I2004**

EMPLOYEE SALARY

**C.** Full Name (Last, First, Middle Initial)
CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City: MIDDLETOWN State: NY Zip Code: 10940

Purpose of Disbursement
EXPENSE REIMURSEMENT: PHOTOCOPIES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 04 / 2014

Amount of Each Disbursement this Period: 223.00

**Transaction ID : SB17.I2019**

EXPENSE REIMBURSEMENT: PHOTOCOPIES

**SUBTOTAL** of Disbursements This Page (optional) ..... 2814.00

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): CONNOR P. GILLIS
Mailing Address: 39 1/2 WATKINS AVE.
City: MIDDLETOWN State: NY Zip Code: 10940
Purpose of Disbursement: EXPENSE REIMBURSEMENT: PHOTOCOPIES
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 / 02 / 2014
Amount of Each Disbursement this Period: 75.00
**Transaction ID : SB17.I2030**
EXPENSE REIMBURSEMENT: PHOTOCOPIES

**B.** Full Name (Last, First, Middle Initial): DANIELLE LOGAN
Mailing Address: 99 WEST MAIN STREET
City: STONY POINT State: NY Zip Code: 10980
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 22 / 2014
Amount of Each Disbursement this Period: 250.00
**Transaction ID : SB17.I1973**
EMPLOYEE SALARY

**C.** Full Name (Last, First, Middle Initial): KIMBERLY MORELLA
Mailing Address: P.O. BOX 155
City: REDFORD HILLS State: NY Zip Code: 10507
Purpose of Disbursement: EMPLOYEE SALARY
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 22 / 2014
Amount of Each Disbursement this Period: 225.00
**Transaction ID : SB17.I1974**
EMPLOYEE SALARY

**SUBTOTAL** of Disbursements This Page (optional) ..... 550.00

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
E. O'BRIEN MURRAY

Mailing Address 235 WEST 56TH STREET, 22H

City: NEW YORK State: NY Zip Code: 10019

Purpose of Disbursement: GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 05 / 21 / 2014

Amount of Each Disbursement this Period: 30000.00

**Transaction ID : SB17.I2000**

GENERAL CAMPAIGN CONSULTING

**B.** Full Name (Last, First, Middle Initial)
JAVIER TAPIA

Mailing Address 10 PINEWOOD DR.

City: GLENVILLE State: NY Zip Code: 12302

Purpose of Disbursement: EMPLOYEE SALARY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 04 / 22 / 2014

Amount of Each Disbursement this Period: 325.00

**Transaction ID : SB17.I1976**

EMPLOYEE SALARY

**C.** Full Name (Last, First, Middle Initial)
JAMES E. WALSH

Mailing Address 514 STATE STREET

City: SCHENECTADY State: NY Zip Code: 12305

Purpose of Disbursement: LEGAL SERVICES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 05 / 09 / 2014

Amount of Each Disbursement this Period: 2500.00

**Transaction ID : SB17.I2010**

LEGAL SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... 32825.00

**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

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS SETTLEMENT

Mailing Address P.O. BOX 53852

City: PHOENIX State: AZ Zip Code: 85072

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District: 00

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 07 / 2014

Amount of Each Disbursement this Period: 449.72

Transaction ID : SB17.I2020

CREDIT CARD PROCESSING FEES

**B.** Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS SETTLEMENT

Mailing Address P.O. BOX 53852

City: PHOENIX State: AZ Zip Code: 85072

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District: 00

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 05 / 2014

Amount of Each Disbursement this Period: 1213.38

Transaction ID : SB17.I2037

CREDIT CARD PROCESSING FEES

**C.** Full Name (Last, First, Middle Initial)
BSB SOLUTIONS

Mailing Address 3538 SOUTH WAKEFIELD ST.

City: ARLINGTON State: VA Zip Code: 22206

Purpose of Disbursement: COMPLIANCE SERVICES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District: 00

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 04 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.I1941

COMPLIANCE SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... 3663.10

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): BSB SOLUTIONS
Mailing Address: 3538 SOUTH WAKEFIELD ST.
City: ARLINGTON State: VA Zip Code: 22206
Purpose of Disbursement: COMPLIANCE SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 04 / 2014
Amount of Each Disbursement this Period: 2024.06
Transaction ID : SB17.I2018
COMPLIANCE SERVICES

**B.** Full Name (Last, First, Middle Initial): BSB SOLUTIONS
Mailing Address: 3538 SOUTH WAKEFIELD ST.
City: ARLINGTON State: VA Zip Code: 22206
Purpose of Disbursement: COMPLIANCE SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 / 04 / 2014
Amount of Each Disbursement this Period: 2000.00
Transaction ID : SB17.I2024
COMPLIANCE SERVICES

**C.** Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 5055 SEMINARY ROAD, #612
City: ALEXANDRIA State: VA Zip Code: 22311
Purpose of Disbursement: CAMPAIGN SOFTWARE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 02 / 2014
Amount of Each Disbursement this Period: 126.22
Transaction ID : SB17.I1952
CAMPAIGN SOFTWARE

**SUBTOTAL** of Disbursements This Page (optional) ..... 4150.28

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 5055 SEMINARY ROAD, #612
City: ALEXANDRIA State: VA Zip Code: 22311
Purpose of Disbursement: CAMPAIGN SOFTWARE EXPENSE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 29 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 985.65
Transaction ID : SB17.I1989
CAMPAIGN SOFTWARE EXPENSE

**B.** Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 5055 SEMINARY ROAD, #612
City: ALEXANDRIA State: VA Zip Code: 22311
Purpose of Disbursement: COMPLIANCE SOFTWARE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 05 / D D 21 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 899.00
Transaction ID : SB17.I2006
COMPLIANCE SOFTWARE

**C.** Full Name (Last, First, Middle Initial): EXECUTIVE STAR
Mailing Address: 180 E. PROSPECT AVENUE
City: MAMARONECK State: NY Zip Code: 10543
Purpose of Disbursement: DIRECT MAIL SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 05 / D D 28 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 24459.36
Transaction ID : SB17.I1995
DIRECT MAIL SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... 26344.01

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
GUERILLA DYNAMICS INC.

Mailing Address 83 CRANBERRY DRIVE

City: HOPEWELL JUNCTION State: NY Zip Code: 12533

Purpose of Disbursement: COMPUTER REPAIRS

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 05 / 21 / 2014

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.I2007

COMPUTER REPAIRS

**B.** Full Name (Last, First, Middle Initial)
JAMESTOWN ASSOCIATES

Mailing Address 5 MAPLETON ROAD, SUITE 300

City: PRINCETON State: NJ Zip Code: 08540

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 04 / 02 / 2014

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.I1955

MEDIA CONSULTING

**C.** Full Name (Last, First, Middle Initial)
JAMESTOWN ASSOCIATES

Mailing Address 5 MAPLETON ROAD, SUITE 300

City: PRINCETON State: NJ Zip Code: 08540

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 05 / 09 / 2014

Amount of Each Disbursement this Period: 10800.00

Transaction ID : SB17.I2011

MEDIA CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) ..... 21200.00

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
JAMESTOWN ASSOCIATES

Mailing Address 5 MAPLETON ROAD, SUITE 300

City: PRINCETON State: NJ Zip Code: 08540

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: M M 05 / D D 02 / Y Y Y Y 2014

Amount of Each Disbursement this Period: 10585.00

Transaction ID : SB17.I2017

MEDIA CONSULTING

**B.** Full Name (Last, First, Middle Initial)
JAMESTOWN ASSOCIATES

Mailing Address 5 MAPLETON ROAD, SUITE 300

City: PRINCETON State: NJ Zip Code: 08540

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: M M 06 / D D 02 / Y Y Y Y 2014

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.I2031

MEDIA CONSULTING

**C.** Full Name (Last, First, Middle Initial)
JEFFREY T. BULEY

Mailing Address 79 COLUMBIA STREET

City: ALBANY State: NY Zip Code: 12210

Purpose of Disbursement: LEGAL SERVICES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: M M 05 / D D 09 / Y Y Y Y 2014

Amount of Each Disbursement this Period: 10481.80

Transaction ID : SB17.I2012

LEGAL SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... 31066.80

**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

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
LEXINGTON PUBLIC AFFAIRS

Mailing Address 1222 COMMERCE STREET, #1215

City: DALLAS State: TX Zip Code: 75201

Purpose of Disbursement: PETITION CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 05 / 13 / 2014

Amount of Each Disbursement this Period: 6000.00

Transaction ID : SB17.I2009

PETITION CONSULTING

**B.** Full Name (Last, First, Middle Initial)
LEXINGTON PUBLIC AFFAIRS

Mailing Address 1222 COMMERCE STREET, #1215

City: DALLAS State: TX Zip Code: 75201

Purpose of Disbursement: GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 6000.00

Transaction ID : SB17.I2032

GENERAL CAMPAIGN CONSULTING

**C.** Full Name (Last, First, Middle Initial)
LEXINGTON PUBLIC AFFAIRS

Mailing Address 1222 COMMERCE STREET, #1215

City: DALLAS State: TX Zip Code: 75201

Purpose of Disbursement: GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 04 / 16 / 2014

Amount of Each Disbursement this Period: 6000.00

Transaction ID : SB17.I2042

GENERAL CAMPAIGN CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) ..... 18000.00

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

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
MAJORITY STRATEGIES

Mailing Address 135 PROFESSIONAL DRIVE, STE 104

City: PONTE VEDRA BEACH State: FL Zip Code: 32082

Purpose of Disbursement: GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 2750.00

Transaction ID : SB17.I2033

GENERAL CAMPAIGN CONSULTING

**B.** Full Name (Last, First, Middle Initial)
MEDIA SOLSTICE MARKETING & PUBLIC RELATIONS

Mailing Address 158 PIKE STREET, STE 5

City: PORT JERVIS State: NY Zip Code: 12771

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 02 / 2014

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.I1957

MEDIA CONSULTING

**C.** Full Name (Last, First, Middle Initial)
MEDIA SOLSTICE MARKETING & PUBLIC RELATIONS

Mailing Address 158 PIKE STREET, STE 5

City: PORT JERVIS State: NY Zip Code: 12771

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 03 / 2014

Amount of Each Disbursement this Period: 8000.00

Transaction ID : SB17.I2026

MEDIA CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) ..... 14750.00

**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

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City: KNOXVILLE State: TN Zip Code: 37920

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District: 00

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 1289.06

Transaction ID : SB17.I2021

CREDIT CARD PROCESSING FEES

**B.** Full Name (Last, First, Middle Initial)
MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City: KNOXVILLE State: TN Zip Code: 37920

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District: 00

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 459.13

Transaction ID : SB17.I2035

CREDIT CARD PROCESSING FEES

**C.** Full Name (Last, First, Middle Initial)
MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City: KNOXVILLE State: TN Zip Code: 37920

Purpose of Disbursement: CREDIT CARD PROCESSING FEES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District: 00

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 2000.74

Transaction ID : SB17.I2036

CREDIT CARD PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional) ..... 3748.93

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
NEW STREAM MARKETING STRATEGIES, INC.

Mailing Address 205 EAST 16TH ST., STE 3A

City: NEW YORK State: NY Zip Code: 10003

Purpose of Disbursement: VOTER CONTACT PHONE CALLS

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 6000.00

**Transaction ID : SB17.I2040**

VOTER CONTACT PHONE CALLS

**B.** Full Name (Last, First, Middle Initial)
PAGONES-O'NEILL INC.

Mailing Address 355 MAIN ST.

City: BEACON State: NY Zip Code: 12508

Purpose of Disbursement: SECURITY

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 05 / 09 / 2014

Amount of Each Disbursement this Period: 2906.02

**Transaction ID : SB17.I2013**

SECURITY

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

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City: FISHKILL State: NY Zip Code: 12524

Purpose of Disbursement: PAYROLL TAXES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 604.18

**Transaction ID : SB17.I1994**

PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) ..... 9510.20

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

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 22 / 2014
Amount of Each Disbursement this Period: 72.88
**Transaction ID : SB17.I1996**
PAYROLL SERVICES

**B.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 15 / 2014
Amount of Each Disbursement this Period: 80.09
**Transaction ID : SB17.I2001**
PAYROLL SERVICES

**C.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL TAXES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 15 / 2014
Amount of Each Disbursement this Period: 604.18
**Transaction ID : SB17.I2005**
PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) ..... 757.15

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

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: UNEMPLOYEMENT INSURANCE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 18 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 677.09
**Transaction ID : SB17.I2015**
UNEMPLOYEMENT INSURANCE

**B.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: WORKERS COMP INSURANCE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 06 / D D 04 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 75.00
**Transaction ID : SB17.I2041**
WORKERS COMP INSURANCE

**C.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 06 / D D 02 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 80.09
**Transaction ID : SB17.I2044**
PAYROLL SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... 832.18

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City: FISHKILL State: NY Zip Code: 12524

Purpose of Disbursement: PAYROLL TAXES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 604.18

**Transaction ID : SB17.I2045**

PAYROLL TAXES

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

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City: FISHKILL State: NY Zip Code: 12524

Purpose of Disbursement: PAYROLL SERVICES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 77.09

**Transaction ID : SB17.I2046**

PAYROLL SERVICES

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

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City: FISHKILL State: NY Zip Code: 12524

Purpose of Disbursement: PAYROLL SERVICES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 22 / 2014

Amount of Each Disbursement this Period: 84.13

**Transaction ID : SB17.I2047**

PAYROLL SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... 765.40

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL TAXES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 16 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 1872.87
**Transaction ID : SB17.I2048**
PAYROLL TAXES

**B.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 16 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 80.44
**Transaction ID : SB17.I2049**
PAYROLL SERVICES

**C.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 15 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 82.59
**Transaction ID : SB17.I2050**
PAYROLL SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... 2035.90

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL TAXES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 15 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 565.93
**Transaction ID : SB17.I2051**
PAYROLL TAXES

**B.** Full Name (Last, First, Middle Initial): PAYCHEX
Mailing Address: 300 WESTAGE BUS. CENTER, STE 130
City: FISHKILL State: NY Zip Code: 12524
Purpose of Disbursement: PAYROLL TAXES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 04 / D D 01 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 513.06
**Transaction ID : SB17.I2052**
PAYROLL TAXES

**C.** Full Name (Last, First, Middle Initial): ROBERT POTTS RESEARCH
Mailing Address: 8021 WASHINGTON RD.
City: ALEXANDRIA State: VA Zip Code: 22308
Purpose of Disbursement: RESEARCH SERVICES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 06 / D D 03 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 10000.00
**Transaction ID : SB17.I2027**
RESEARCH SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... 11078.99

**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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
SATIN FINE FOODS INC.

Mailing Address 32 LEONE LANE, UNIT 1

City: CHESTER State: NY Zip Code: 10918

Purpose of Disbursement: ROOM RENTAL FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 04 / 29 / 2014

Amount of Each Disbursement this Period: 750.00

**Transaction ID : SB17.I1988**

ROOM RENTAL FEE

**B.** Full Name (Last, First, Middle Initial)
THE TOWNSEND GROUP

Mailing Address 1006 PENDLETON STREET

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: FUNDRAISING EXPENSES

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 05 / 21 / 2014

Amount of Each Disbursement this Period: 6045.90

**Transaction ID : SB17.I2008**

FUNDRAISING EXPENSES

**C.** Full Name (Last, First, Middle Initial)
TRUST U/L/W/T/O ANDREW L. PALMER

Mailing Address P.O. BOX 489

City: CHESTER State: NY Zip Code: 10918

Purpose of Disbursement: RENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 04 / 02 / 2014

Amount of Each Disbursement this Period: 1000.00

**Transaction ID : SB17.I1956**

RENT

**SUBTOTAL** of Disbursements This Page (optional) ..... 7795.90

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

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.** Full Name (Last, First, Middle Initial)
TRUST U/L/W/T/O ANDREW L. PALMER

Mailing Address P.O. BOX 489

City: CHESTER State: NY Zip Code: 10918

Purpose of Disbursement: RENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 05 / 02 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.I2016

RENT

**B.** Full Name (Last, First, Middle Initial)
TRUST U/L/W/T/O ANDREW L. PALMER

Mailing Address P.O. BOX 489

City: CHESTER State: NY Zip Code: 10918

Purpose of Disbursement: RENT

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.I2029

RENT

**C.** Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address 41 S. MOGER AVENUE

City: MOUNT KISCO State: NY Zip Code: 10549

Purpose of Disbursement: BANK FEE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 04 / 30 / 2014

Amount of Each Disbursement this Period: 20.00

Transaction ID : SB17.I2022

BANK FEE

**SUBTOTAL** of Disbursements This Page (optional) ..... 2020.00

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

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): WELLS FARGO
Mailing Address: 41 S. MOGER AVENUE
City: MOUNT KISCO State: NY Zip Code: 10549
Purpose of Disbursement: BANK FEE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 / 02 / 2014
Amount of Each Disbursement this Period: 30.00
Transaction ID : SB17.I2034
BANK FEE

**B.**
Full Name (Last, First, Middle Initial): WELLS FARGO
Mailing Address: 41 S. MOGER AVENUE
City: MOUNT KISCO State: NY Zip Code: 10549
Purpose of Disbursement: BANK FEE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 31 / 2014
Amount of Each Disbursement this Period: 20.00
Transaction ID : SB17.I2038
BANK FEE

**C.**
Full Name (Last, First, Middle Initial): WELLS FARGO
Mailing Address: 41 S. MOGER AVENUE
City: MOUNT KISCO State: NY Zip Code: 10549
Purpose of Disbursement: BANK FEE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 28 / 2014
Amount of Each Disbursement this Period: 30.00
Transaction ID : SB17.I2043
BANK FEE

**SUBTOTAL** of Disbursements This Page (optional) ..... 80.00

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

# SCHEDULE B (FEC Form 3)
# ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial)
WESTCHESTER MARRIOTT

Mailing Address 670 WHITE PLAINS ROAD

City: TARRYTOWN State: NY Zip Code: 10591

Purpose of Disbursement: FOOD AND BEVERAGE

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 06 / 03 / 2014

Amount of Each Disbursement this Period: 1564.68

Transaction ID : SB17.I2028

FOOD AND BEVERAGE

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For:
[ ] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For:
[ ] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... 1564.68

**TOTAL** This Period (last page this line number only) ..... 252230.70

# 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)
- [ ] 17
- [ ] 18
- [ ] 19a
- [ ] 19b
- [x] 20a
- [ ] 20b
- [ ] 20c
- [ ] 21



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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**A.**
Full Name (Last, First, Middle Initial): CAROLE E. KLANG
Mailing Address: 800 5TH AVE., #20-F
City: NEW YORK State: NY Zip Code: 10065
Purpose of Disbursement: REFUND OF OVERLIMIT CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District: 00
Disbursement For: 2014 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 02 / 2014
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB20A.I1999
REFUND OF OVERLIMIT CONTRIBUTION

**B.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

**SUBTOTAL** of Disbursements This Page (optional) ..... 1000.00

**TOTAL** This Period (last page this line number only) ..... 1000.00

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : SC 14**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

Election: 2010
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

PRIMARY 2010

| City | State | ZIP Code |
|---|---|---|
| Mount Kisco | NY | 10549 |

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 110000.00 | 48000.00 | 62000.00 |

**TERMS**

| Date Incurred | Date Due | Interest Rate | Secured: |
|---|---|---|---|
| 09 / 26 / 2009 | due on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 62000.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : SC 15**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***

Nan Hayworth

Mailing Address
P.O. Box 189

Election: 2010
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

PRIMARY 2010

| City | State | ZIP Code |
|---|---|---|
| Mount Kisco | NY | 10549 |

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 40000.00 | 0.00 | 40000.00 |

**TERMS**

| Date Incurred | Date Due | Interest Rate | Secured: |
|---|---|---|---|
| 09 / 30 / 2009 | due on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 40000.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : SC 16**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***

Nan Hayworth

Mailing Address
P.O. Box 189

Election: 2010
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

PRIMARY 2010

| 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 (MM / DD / YYYY) | Date Due (MM / DD / YYYY) | Interest Rate | Secured: |
|---|---|---|---|
| 12 / 31 / 2009 | due on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City State ZIP Code
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City State ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City State ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City State ZIP Code
   Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 100000.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : SC 28**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

Election: 2010
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

GENERAL 2010

| City | State | ZIP Code |
|---|---|---|
| Mount Kisco | NY | 10549 |

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 150000.00 | 15500.00 | 134500.00 |

**TERMS**

| Date Incurred | Date Due | Interest Rate | Secured: |
|---|---|---|---|
| 03 / 31 / 2010 | due on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 134500.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : SC 30**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

Election: 2010
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

GENERAL 2010

| 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 | due on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 100000.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : SC 32**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

Election: 2012
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼ GENERAL 2012

| 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 (MM / DD / YYYY) | Date Due (MM / DD / YYYY) | Interest Rate | Secured: |
|---|---|---|---|
| 10 / 29 / 2012 | due on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 100000.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : AC 35**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

Election: 2012
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

General - 2012

| City | State | ZIP Code |
|---|---|---|
| Mount Kisco | NY | 10549 |

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 10033.45 | 0.00 | 10033.45 |

**TERMS**

| Date Incurred | Date Due | Interest Rate | Secured: |
|---|---|---|---|
| 12 / 18 / 2012 | on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 10033.45

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : SC 33**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 189

Election: 2012
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

General - 2012

| City | State | ZIP Code |
|---|---|---|
| Mount Kisco | NY | 10549 |

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 63500.00 | 0.00 | 63500.00 |

**TERMS**

| Date Incurred (MM / DD / YYYY) | Date Due (MM / DD / YYYY) | Interest Rate | Secured: |
|---|---|---|---|
| 12 / 21 / 2012 | due on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

**SUBTOTALS** This Period This Page (optional) ▶ 63500.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : SC 34**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
Nan Hayworth

Mailing Address
P.O. Box 394

Election: 2012
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

General - 2012

| City | State | ZIP Code |
|---|---|---|
| Fishkill | NY | 12524 |

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 50000.00 | 0.00 | 50000.00 |

**TERMS**

| Date Incurred | Date Due | Interest Rate | Secured: |
|---|---|---|---|
| 04 / 22 / 2013 | due on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 50000.00

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3)
## LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

**Transaction ID : SC 35**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Nan Hayworth

Mailing Address
PO Box 394

City: Fishkill
State: NY
ZIP Code: 12524

Election: 2014
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Primary - 2014

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 8527.39 | 0.00 | 8527.39 |

**TERMS**

| Date Incurred (MM / DD / YYYY) | Date Due (MM / DD / YYYY) | Interest Rate | Secured: |
|---|---|---|---|
| 09 / 30 / 2013 | due on demand | 0.00 % (apr) | [ ] Yes [x] No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 8527.39

**TOTALS** This Period (last page in this line only) ▶ 668560.84

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

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

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



FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Campaign Solutions

Mailing Address 117 North Saint AsaphStreet

City Alexandria State VA Zip Code 22314

Nature of Debt (Purpose):
online fundraising / web hosting

**Transaction ID : 4**

| Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|
| 1758.84 | 0.00 | 0.00 | 1758.64 |

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

| Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|
| | | | |

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

| Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|
| | | | |

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ▶ | 1758.64 |
| 2) **TOTALS** This Period (last page this line number only) ▶ | 1758.64 |
| 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶ | 668560.84 |
| 4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ | 670319.48 |