

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.
Espailat for Congress

ADDRESS (number and street) 210 Sherman Avenue
 Check if different than previously reported. (ACC) Suite B
New York NY 10034

2. **FEC IDENTIFICATION NUMBER**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NY 13

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 / 01 / 2012 through 09 / 30 / 2012

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 Seny Taveras

Signature of Treasurer Seny Taveras [Electronically Filed] Date 01 / 31 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Espallat for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10205.00	427565.75
(b) Total Contribution Refunds (from Line 20(d))	0.00	4000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10205.00	423565.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23253.20	412732.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23253.20	412732.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8333.08	
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).....	15677.10	

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

Espallat for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9850.00	402176.75
(ii) Unitemized.....	355.00	20139.00
(iii) TOTAL of contributions from individuals ▶	10205.00	422315.75
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10205.00	427565.75
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10205.00	427565.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23253.20	412732.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	4000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4000.00
21. OTHER DISBURSEMENTS	0.00	2500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	23253.20	419232.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	21381.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10205.00
25. SUBTOTAL (add Line 23 and Line 24).....	31586.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23253.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8333.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
Miguel Avila-Rondon

Mailing Address 914 A. Columbus Avenue

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

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

Transaction ID : SA11AI.5147

Amount of Each Receipt this Period
450.00

B. Full Name (Last, First, Middle Initial)
alex j colgan

Mailing Address 626 riverside drive

City State Zip Code
new york NY 10031

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.5166

Amount of Each Receipt this Period
500.00

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

Mailing Address 487 Amsterdam Avenue APT 4P

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
College Administration

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2012

Transaction ID : SA11AI.5140

Amount of Each Receipt this Period
1750.00

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

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

2700.00

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

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

FOR LINE NUMBER: PAGE 6 OF 17
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Espailat for Congress

A. Full Name (Last, First, Middle Initial)
Scott Dames

Mailing Address 487 Amsterdam Avenue APT 4P

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
College Administration

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

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

Transaction ID : SA11AI.5133

Amount of Each Receipt this Period
500.00

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

Mailing Address 689 Ft. Washington Avenue

City State Zip Code
New York NY 10040

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

Name of Employer Occupation
Self Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11AI.5169

Amount of Each Receipt this Period
300.00

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

Mailing Address 10 overlook terrace

City State Zip Code
new york NY 10033

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

Name of Employer Occupation
nyc board of education teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2012

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period
150.00

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

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

950.00

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

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

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NAME OF COMMITTEE (In Full)
Espallat for Congress

Full Name (Last, First, Middle Initial) zenaida mendez		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 790 11th avenue		Transaction ID : SA11AI.5167
City new york	State Zip Code NY 10019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer manhattan neighborhood network	Occupation director of external affairs	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) john O'brien		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2012
Mailing Address		Transaction ID : SA11AI.5130
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) Raul Quiroz		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2012
Mailing Address 995 Amsterdam Avenue apt. 6W		Transaction ID : SA11AI.5129
City New York	State Zip Code NY 10025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Self	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

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	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) lilliana saneauz		Date of Receipt MM / DD / YYYY 07 / 13 / 2012
Mailing Address 63 adrian avenue		Transaction ID : SA11A1.5142
City bronx	State NY	
Zip Code 10463		Amount of Each Receipt this Period 2450.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2465.00
Name of Employer retired	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	9850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. 5 esquina		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.5114
City	State Zip Code	
Purpose of Disbursement local tv ads	004 Category/Type	
Candidate Name Espailat for Congress	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 13	

Full Name (Last, First, Middle Initial) B. shaun abreu		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5093
City	State Zip Code	
Purpose of Disbursement primary day/canvas	001 Category/Type	
Candidate Name Espailat for Congress	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 13	

Full Name (Last, First, Middle Initial) c. BAnco Popular		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 615 West 181st Street		Amount of Each Disbursement this Period 21.00 Transaction ID : SB17.5124
City	State Zip Code	
Purpose of Disbursement transaction fees	001 Category/Type	
Candidate Name Espailat for Congress	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 13	

SUBTOTAL of Disbursements This Page (optional).....	1521.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Aneiry Batista		Date of Disbursement MM / DD / YYYY 07 / 10 / 2012
Mailing Address 3 Fordham Hill Oval Apt. 17B		Amount of Each Disbursement this Period 986.55 Transaction ID : SB17.5116
City Bronx	State NY	
Zip Code 10468	Purpose of Disbursement reimbursement	Category/ Type 001
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 13	

Full Name (Last, First, Middle Initial) B. juan berrios		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.5097
City	State	
Zip Code	Purpose of Disbursement venue rental	Category/ Type 007
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 13	

Full Name (Last, First, Middle Initial) C. carmen chavez		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.5109
City	State	
Zip Code	Purpose of Disbursement music - election night	Category/ Type 007
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 13	

SUBTOTAL of Disbursements This Page (optional)	1536.55
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. eddie cuesta		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 214.05 Transaction ID : SB17.5079
City	State Zip Code	
Purpose of Disbursement reimbursement	001 Category/Type	
Candidate Name Espailat for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 13		

Full Name (Last, First, Middle Initial) B. marcia garcia		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 245.00 Transaction ID : SB17.5086
City	State Zip Code	
Purpose of Disbursement reimbursement	001 Category/Type	
Candidate Name Espailat for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 13		

Full Name (Last, First, Middle Initial) c. garden gourmet		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address Broadway		Amount of Each Disbursement this Period 554.48 Transaction ID : SB17.5117
City	State Zip Code Bronx NY 10463	
Purpose of Disbursement event food	007 Category/Type	
Candidate Name Espailat for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 13		

SUBTOTAL of Disbursements This Page (optional)	1013.53
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. damaso gonzalez		Date of Disbursement MM / DD / YYYY 07 / 09 / 2012
Mailing Address 131 white plains road		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5112
City bronx	State NY	
Zip Code 10473	Purpose of Disbursement june 2012 fees	Category/ Type 007
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 13	

Full Name (Last, First, Middle Initial) B. Hess Fuel		Date of Disbursement MM / DD / YYYY 07 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 183.33 Transaction ID : SB17.5123
City	State	
Zip Code	Purpose of Disbursement fuel for truck	Category/ Type 001
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 13	

Full Name (Last, First, Middle Initial) C. Lino Press		Date of Disbursement MM / DD / YYYY 07 / 06 / 2012
Mailing Address 4482 Broadway		Amount of Each Disbursement this Period 4250.00 Transaction ID : SB17.5106
City New York	State NY	
Zip Code 10040	Purpose of Disbursement inv. #28435/28414	Category/ Type 006
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 13	

SUBTOTAL of Disbursements This Page (optional).....	5933.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Lino Press		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 4482 Broadway		Amount of Each Disbursement this Period 1710.91 Transaction ID : SB17.5107
City New York	State NY	
Purpose of Disbursement inv. #28414/28446		Category/ Type 006
Candidate Name Espailat for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 13	

Full Name (Last, First, Middle Initial) B. Radhames Lopez		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 1269 Grand Concourse		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.5108
City Bronx	State NY	
Purpose of Disbursement reimburse		Category/ Type 001
Candidate Name Espailat for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 13	

Full Name (Last, First, Middle Initial) c. mamajuana's Restaurant		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 247 Dyckman avenue		Amount of Each Disbursement this Period 998.00 Transaction ID : SB17.5126
City new york	State NY	
Purpose of Disbursement thank you event		Category/ Type 007
Candidate Name Espailat for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	2738.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. noquel matos		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5095
City	State Zip Code	
Purpose of Disbursement primary day/canvas op	001	Category/ Type
Candidate Name Espailat for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 13		

Full Name (Last, First, Middle Initial) B. Metro Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 5030 Broadway Suite 807		Amount of Each Disbursement this Period 2423.30 Transaction ID : SB17.5078
City	State Zip Code	
Purpose of Disbursement robocalls	005	Category/ Type
Candidate Name Espailat for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 13		

Full Name (Last, First, Middle Initial) c. maria morillo		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 99 hillside avenue		Amount of Each Disbursement this Period 272.01 Transaction ID : SB17.5087
City	State Zip Code	
Purpose of Disbursement reimbursement	001	Category/ Type
Candidate Name Espailat for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 13		

SUBTOTAL of Disbursements This Page (optional).....	3295.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. Nelly Reyes		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2012
Mailing Address 210 Sherman Avenue Unit 130		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5099
City New York State NY Zip Code 10034	Purpose of Disbursement call center 007 Category/Type	
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 13		

Full Name (Last, First, Middle Initial) B. luis rodriguez		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5056
City State Zip Code	Purpose of Disbursement primary day 001 Category/Type	
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 13		

Full Name (Last, First, Middle Initial) c. Reynado Snyder		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 510 West 142nd Street		Amount of Each Disbursement this Period 2690.00 Transaction ID : SB17.5100
City New York State NY Zip Code 10029	Purpose of Disbursement harlem operator 001 Category/Type	
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 13		

SUBTOTAL of Disbursements This Page (optional).....	3790.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Espailat for Congress

Full Name (Last, First, Middle Initial) A. WN Signs Shop LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.5111
City	State Zip Code	
Purpose of Disbursement truck sign	Category/ Type 004	
Candidate Name Espailat for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NY District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

SUBTOTAL of Disbursements This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	21228.63

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

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Espailat for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Glaction LLC

Mailing Address 5030 Broadway

City State Zip Code
 New York NY 10034

Nature of Debt (Purpose):
 consult fee due

Outstanding Balance Beginning This Period **Transaction ID : SD10.5144**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
stoll glickman & bellina

Mailing Address 475 Atlantic Avenue

City State Zip Code
 brooklyn NY 11217

Nature of Debt (Purpose):
 legal fees towards recount

Outstanding Balance Beginning This Period **Transaction ID : SD10.5967**

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)	<input type="text" value="15677.10"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="15677.10"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="15677.10"/>