

# 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

Off the Sidelines: IA-IL-FL

ADDRESS (number and street) 709A 8th St SE

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

C C00521369

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
07 / 01 / 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 Judith Zamore

Signature of Treasurer Judith Zamore

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 12 / 2012

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

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

Write or Type Committee Name  
**Off the Sidelines: IA-IL-FL**

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))....	61000.00	61000.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61000.00	61000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4785.35	4785.35
(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)).....	4785.35	4785.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	25.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Off the Sidelines: IA-IL-FL**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	52900.00	52900.00
(ii) Unitemized.....	100.00	100.00
(iii) TOTAL of contributions from individuals ▶	53000.00	53000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8000.00	8000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	61000.00	61000.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	61000.00	61000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4785.35	4785.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	56189.65	56189.65
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	60975.00	60975.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61000.00
25. SUBTOTAL (add Line 23 and Line 24).....	61000.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60975.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	25.00

**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 5 OF 29			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address 1 Irving Pl

City State Zip Code  
New York NY 10003

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

Name of Employer Occupation  
The D.E. Shaw Group Finance

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2012

**Transaction ID : SA11AI.4191**

Amount of Each Receipt this Period  
1500.00

Earmarked through ActBlue

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

Mailing Address 594 Broadway Suite 506

City State Zip Code  
New York NY 10012

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

Name of Employer Occupation  
Loci Architecture Architect

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : SA11AI.4120**

Amount of Each Receipt this Period  
1500.00

Earmarked through ActBlue

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

Mailing Address 911 Park Ave Apt 2C

City State Zip Code  
New York NY 10075

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

Name of Employer Occupation  
Schulte Roth & Zabel LLP Attorney

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2012

**Transaction ID : SA11AI.4165**

Amount of Each Receipt this Period  
500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Vincent Carbonell**

Mailing Address 40 W 25th St

City New York State NY Zip Code 10010

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

Name of Employer United Reprographics Occupation President

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11AI.4116**

Amount of Each Receipt this Period  
3000.00

Earmarked through ActBlue

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

Mailing Address 80 Chambers St Apt 9F

City New York State NY Zip Code 10007

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

Name of Employer Kramer Levin Naftalis & Frankel LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.4143**

Amount of Each Receipt this Period  
250.00

Earmarked through ActBlue

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

Mailing Address 919 Third Ave

City New York State NY Zip Code 10022

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

Name of Employer Debevoise & Plimpton Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : SA11AI.4177**

Amount of Each Receipt this Period  
3000.00

Earmarked through ActBlue

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

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

6250.00

**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 29
	<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)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address **27 N Moore St**

City **New York** State **NY** Zip Code **10013**

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

Name of Employer **Morrison Cohen LLP** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2012**

**Transaction ID : SA11AI.4183**

Amount of Each Receipt this Period  
**3000.00**

Earmarked through ActBlue

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

Mailing Address **86 Sheldrake Rd**

City **Scarsdale** State **NY** Zip Code **10583**

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

Name of Employer **Not Employed** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.4157**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **376 N Fullerton Ave**

City **Montclair** State **NJ** Zip Code **07042**

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

Name of Employer **Not Employed** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2012**

**Transaction ID : SA11AI.4211**

Amount of Each Receipt this Period  
**1000.00**

Earmarked through ActBlue

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. Edward Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2012
Mailing Address 320 W 76th St Apt 9F		<b>Transaction ID : SA11AI.4193</b>
City New York	State Zip Code NY 10023	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 750.00
Name of Employer Davis Wright Tremaine	Occupation Attorney	Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>B. Roxanne Elings</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012
Mailing Address 407 E 91st St		<b>Transaction ID : SA11AI.4130</b>
City New York	State Zip Code NY 10128	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 750.00
Name of Employer Davis Wright Tremaine	Occupation Attorney	Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>C. Julie Fenster</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012
Mailing Address 302 W 12th St		<b>Transaction ID : SA11AI.4139</b>
City New York	State Zip Code NY 10014	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1500.00
Name of Employer Self	Occupation Attorney	Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address 15 Cherry Hill Ct

City Briarcliff Manor State NY Zip Code 10510

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

Name of Employer Kramer Levin Naftalis & Frankel LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4159**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 307 Hicks St

City Brooklyn State NY Zip Code 11210

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

Name of Employer Ashurst LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
1500.00

Earmarked through ActBlue

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

Mailing Address 462 Milan Hill Rd

City Milan State NY Zip Code 12571

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

Name of Employer Debevoise & Plimpton Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11AI.4112**

Amount of Each Receipt this Period  
1500.00

Earmarked through ActBlue

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 10 OF 29  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address 10 Barclay St  
Apt 49F

City State Zip Code  
New York NY 10007

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

Name of Employer Occupation  
RBC Banker

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2012

**Transaction ID : SA11AI.4151**

Amount of Each Receipt this Period  
1500.00

Earmarked through ActBlue

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

Mailing Address 31 W 16th St

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
The Francis Company Attorney

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

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

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
900.00

Earmarked through ActBlue

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

Mailing Address 300 Seminole Ave

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
Self Investor

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2012

**Transaction ID : SA11AI.4185**

Amount of Each Receipt this Period  
750.00

Earmarked through ActBlue

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. James P. Godman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2012
Mailing Address 30 Fir Dr		<b>Transaction ID : SA11AI.4161</b>
City Roslyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kramer Levin Naftalis & Frankel LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Sunny Goldberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012
Mailing Address 502 Orienta Ave		<b>Transaction ID : SA11AI.4134</b>
City Mamaroneck	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Not Employed	Occupation Retired	Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Francis Greenburger</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2012
Mailing Address 107 Waverly Pl		<b>Transaction ID : SA11AI.4114</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Time Equities Inc	Occupation Chair & CEO	Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address 11 Aspen Rd

City Scarsdale State NY Zip Code 10583

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.4128**

Amount of Each Receipt this Period  
1500.00

Earmarked through ActBlue

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

Mailing Address 87 Friutledge Rd

City Glen Head State NY Zip Code 11545

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

Name of Employer Castagna Realty Co Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : SA11AI.4175**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 214 E 18th St

City New York State NY Zip Code 10003

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

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.4126**

Amount of Each Receipt this Period  
1500.00

Earmarked through ActBlue

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. Kimberly Hoover</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2012	
Mailing Address 1761 Church St NW		<b>Transaction ID : SA11AI.4195</b>	
City Washington	State DC	Amount of Each Receipt this Period 750.00	
Zip Code 20036		Earmarked through ActBlue	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Real Estate Developer & Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. Alan Jones</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2012	
Mailing Address 90 East End Ave Apt 21A		<b>Transaction ID : SA11AI.4179</b>	
City New York	State NY	Amount of Each Receipt this Period 1500.00	
Zip Code 10028		Earmarked through ActBlue	
FEC ID number of contributing federal political committee. C			
Name of Employer Morgan Stanley	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Sarah Kagan</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 56 Brewster Rd		<b>Transaction ID : SA11AI.4136</b>	
City Scarsdale	State NY	Amount of Each Receipt this Period 300.00	
Zip Code 10583		Earmarked through ActBlue	
FEC ID number of contributing federal political committee. C			
Name of Employer Not Employed	Occupation Not Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address 56 Brewster Rd

City Scarsdale State NY Zip Code 10583

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.4137**

Amount of Each Receipt this Period  
 750.00

Earmarked through ActBlue

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

Mailing Address 345 E 52nd St

City New York State NY Zip Code 10022

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

Name of Employer Proshauer Ross LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 750.00

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

**Transaction ID : SA11AI.4122**

Amount of Each Receipt this Period  
 750.00

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

Mailing Address 33 Riverside Dr

City New York State NY Zip Code 10023

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

Name of Employer Blue Star Partners Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11AI.4118**

Amount of Each Receipt this Period  
 3000.00

Earmarked through ActBlue

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address **27 W 67th St**

City **New York** State **NY** Zip Code **10023**

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

Name of Employer **Davis Wright Tremaine** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2012**

**Transaction ID : SA11AI.4173**

Amount of Each Receipt this Period  
**1500.00**

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

Mailing Address **12 Howard Dr**

City **Muttontown** State **NY** Zip Code **11791**

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

Name of Employer **Not Employed** Occupation **Not Employed**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11AI.4199**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **65 W 13th St**  
**Apt 8E**

City **New York** State **NY** Zip Code **10011**

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

Name of Employer **Catalyst, Inc** Occupation **Manager**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 01 / 2012**

**Transaction ID : SA11AI.4141**

Amount of Each Receipt this Period  
**1500.00**

Earmarked through ActBlue

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

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

**3300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address 2271 Compass Point Ln

City Reston State VA Zip Code 20191

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

Name of Employer Not Employed Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.4153**

Amount of Each Receipt this Period  
500.00

Earmarked through ActBlue

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

Mailing Address 27 N Moore St  
Apt 7A

City New York State NY Zip Code 10013

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

Name of Employer Self Employed Occupation Real Estate Broker

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11AI.4171**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 134 Alder Dr

City Briarcliff Manor State NY Zip Code 10510

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

Name of Employer Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11AI.4163**

Amount of Each Receipt this Period  
750.00

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

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

2000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

**A.** Full Name (Last, First, Middle Initial)  
**Terry O'Neill**

Mailing Address 8322 N Brook Ln

City: Bethesda State: MD Zip Code: 20814

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

Name of Employer: National Organization for Women Occupation: President

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 08 / 07 / 2012

**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period: 300.00

Earmarked through ActBlue

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

Mailing Address 31 W 16th St

City: New York State: NY Zip Code: 10011

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

Name of Employer: Polak Projects LLC Occupation: Attorney

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 13 / 2012

**Transaction ID : SA11AI.4201**

Amount of Each Receipt this Period: 1000.00

Earmarked through ActBlue

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

Mailing Address 911 Park Ave

City: New York State: NY Zip Code: 10075

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

Name of Employer: Self Occupation: Attorney

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 08 / 01 / 2012

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period: 1500.00

Earmarked through ActBlue

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

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

2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. Rosina Rubin</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address PO Box 1133		<b>Transaction ID : SA11AI.4147</b>	
City New York	State NY	Zip Code 10956	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer Attitude New York Inc	Occupation Entrepreneur		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. Susan Rubinstein</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 101 Park Ave		<b>Transaction ID : SA11AI.4145</b>	
City New York	State NY	Zip Code 10178	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Not Employed	Occupation Not Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Sharon L. Schneier</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2012	
Mailing Address 1633 Broadway		<b>Transaction ID : SA11AI.4167</b>	
City New York	State NY	Zip Code 10019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer Davis Wright Tremaine	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>Marion Shulevitz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2012
Mailing Address 15 W 81st St Apt 11F		<b>Transaction ID : SA11AI.4169</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Amsterdam House	Occupation Rabbi	Election Cycle-to-Date 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Claire Silberman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2012
Mailing Address 360 Furman St Apt 1216		<b>Transaction ID : SA11AI.4110</b>
City Brooklyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Not Employed	Occupation Homemaker	Election Cycle-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Earmarked through ActBlue		

Full Name (Last, First, Middle Initial) <b>Jill Valenstein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012
Mailing Address 247 W 46th St Apt 2095		<b>Transaction ID : SA11AI.4132</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Davis Wright Tremaine	Occupation Attorney	Election Cycle-to-Date 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Earmarked through ActBlue		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
	<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)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. Kirsten von Hoffman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2012
Mailing Address 205 Walden St Unit 3G		<b>Transaction ID : SA11AI.4213</b>
City Cambridge	State MA	
Zip Code 02140		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Earmarked through ActBlue
Name of Employer Cambridge Public Schools	Occupation Sustainability Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Marie Wilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2012
Mailing Address 5 E 22nd St		<b>Transaction ID : SA11AI.4187</b>
City New York	State NY	
Zip Code 10010		Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		Earmarked through ActBlue
Name of Employer Self	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	52900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : SA11C.4209**

Amount of Each Receipt this Period  
8750.00

Contributions earmarked through ActBlue; not a contribution  
**[MEMO ITEM]**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.4208**

Amount of Each Receipt this Period  
3000.00

Contributions earmarked through ActBlue; not a contribution  
**[MEMO ITEM]**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2012

**Transaction ID : SA11C.4207**

Amount of Each Receipt this Period  
17550.00

Contributions earmarked through ActBlue; not a contribution  
**[MEMO ITEM]**

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Off the Sidelines: IA-IL-FL**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 07 2012

**Transaction ID : SA11C.4206**

Amount of Each Receipt this Period  
 13650.00

Contributions earmarked through ActBlue; not a contribution  
**[MEMO ITEM]**

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

Mailing Address P.O. BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.4205**

Amount of Each Receipt this Period  
 1900.00

Contributions earmarked through ActBlue; not a contribution  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**EMPIRE POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 15033

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00477067

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 31 2012

**Transaction ID : SA11C.4124**

Amount of Each Receipt this Period  
 5500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Off the Sidelines: IA-IL-FL**

**A.** Full Name (Last, First, Middle Initial)  
**JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS**

Mailing Address **PO BOX 105**

City **HIGHLAND PARK** State **IL** Zip Code **60035**

FEC ID number of contributing federal political committee. **C C00139659**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **2000.00**

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

**Transaction ID : SA11C.4155**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ORGANIZATION FOR WOMEN PAC**

Mailing Address **1100 H STREET, NW  
3RD FL**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00092247**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 14 / 2012**

**Transaction ID : SA11C.4197**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00**

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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

\_\_\_\_\_ **2500.00**

\_\_\_\_\_ **8000.00**

**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 24 OF 29			
	<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)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 345.63 <b>Transaction ID : SB17.4223</b>
City Cambridge	State MA	
Purpose of Disbursement Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 118.50 <b>Transaction ID : SB17.4224</b>
City Cambridge	State MA	
Purpose of Disbursement Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 693.25 <b>Transaction ID : SB17.4225</b>
City Cambridge	State MA	
Purpose of Disbursement Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1157.38
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 29	
	<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)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 539.19 <b>Transaction ID : SB17.4226</b>
City Cambridge	State MA	
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 75.05 <b>Transaction ID : SB17.4227</b>
City Cambridge	State MA	
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 882.78 <b>Transaction ID : SB17.4228</b>
City Newark	State NJ	
Purpose of Disbursement Credit Card Payment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1497.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 29			
	<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)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. Between the Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 244 W 54th St Ste 504		Amount of Each Disbursement this Period 882.78
City New York	State NY	
Zip Code 10019	Purpose of Disbursement Catering	Transaction ID : SB17.4228.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Compliance Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address PO Box 15293		Amount of Each Disbursement this Period 2055.72
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Compliance Services	Transaction ID : SB17.4230
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2055.72
<b>TOTAL</b> This Period (last page this line number only).....	4710.12

**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 27 OF 29	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. CHRISTIE VILSACK FOR IOWA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address PO BOX 641		Amount of Each Disbursement this Period 17750.00 <b>Transaction ID : SB18.4234</b>
City AMES	State IA	
Zip Code 50010	Purpose of Disbursement Transfer	Category/ Type
Candidate Name <b>CHRISTIE VILSACK</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 04	

Full Name (Last, First, Middle Initial) <b>B. CHRISTIE VILSACK FOR IOWA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address PO BOX 641		Amount of Each Disbursement this Period 242.97 <b>Transaction ID : SB18.4238</b>
City AMES	State IA	
Zip Code 50010	Purpose of Disbursement Final Transfer	Category/ Type
Candidate Name <b>CHRISTIE VILSACK</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 04	

Full Name (Last, First, Middle Initial) <b>C. DUCKWORTH FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address P.O. BOX 8867		Amount of Each Disbursement this Period 16800.00 <b>Transaction ID : SB18.4233</b>
City ROLLING MEADOWS	State IL	
Zip Code 60008	Purpose of Disbursement Transfer	Category/ Type
Candidate Name <b>L. TAMMY DUCKWORTH</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34792.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 29	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. DUCKWORTH FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address P.O. BOX 8867		Amount of Each Disbursement this Period 271.83 <b>Transaction ID : SB18.4237</b>
City ROLLING MEADOWS	State IL	
Zip Code 60008	Purpose of Disbursement Final Transfer	Category/ Type
Candidate Name <b>L. TAMMY DUCKWORTH</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 08	

Full Name (Last, First, Middle Initial) <b>B. VAL DEMINGS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address P.O. BOX 536926		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB18.4231</b>
City ORLANDO	State FL	
Zip Code 32853	Purpose of Disbursement Transfer	Category/ Type
Candidate Name <b>VAL VALDEZ DEMINGS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 08	

Full Name (Last, First, Middle Initial) <b>C. VAL DEMINGS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address P.O. BOX 536926		Amount of Each Disbursement this Period 16000.00 <b>Transaction ID : SB18.4232</b>
City ORLANDO	State FL	
Zip Code 32853	Purpose of Disbursement Transfer	Category/ Type
Candidate Name <b>VAL VALDEZ DEMINGS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18871.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 29
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Off the Sidelines: IA-IL-FL**

Full Name (Last, First, Middle Initial) <b>A. VAL DEMINGS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address P.O. BOX 536926		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB18.4235</b>
City ORLANDO	State FL	
Zip Code 32853	Purpose of Disbursement Transfer	Category/ Type
Candidate Name <b>VAL VALDEZ DEMINGS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 08	

Full Name (Last, First, Middle Initial) <b>B. VAL DEMINGS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address P.O. BOX 536926		Amount of Each Disbursement this Period 2024.85 <b>Transaction ID : SB18.4236</b>
City ORLANDO	State FL	
Zip Code 32853	Purpose of Disbursement Final Transfer	Category/ Type
Candidate Name <b>VAL VALDEZ DEMINGS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 08	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2524.85
<b>TOTAL</b> This Period (last page this line number only).....	56189.65