



**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	281821.98	852087.47
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	6100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	281821.98	845987.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	115428.58	414644.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	10959.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	115428.58	403684.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	662582.31	
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).....	670319.48	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Nan Hayworth**

Report Covering the Period: From:  /  /  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).....	212199.98	695220.21
(ii) Unitemized.....	13372.00	16121.99
(iii) TOTAL of contributions from individuals ▶	225571.98	711342.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	56250.00	90514.43
(d) The Candidate.....	0.00	50230.84
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	281821.98	852087.47
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	148.81
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	132060.84
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	132060.84
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	10959.74
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.18	50.75
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	281822.16	995307.61

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	115428.58	414644.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	63500.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	63500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	6100.00
(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	6100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	115428.58	484244.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	496188.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	281822.16
25. SUBTOTAL (add Line 23 and Line 24).....	778010.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	115428.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	662582.31

**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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

Mailing Address 135 MAIN STREET

City SOUTH SALEM State NY Zip Code 10590-1209

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

Name of Employer ALBERT INVESTMENTS Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 06 / 2014

**Transaction ID : SA11.8463**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 135 MAIN STREET

City SOUTH SALEM State NY Zip Code 10590-1209

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

Name of Employer ALBERT INVESTMENTS Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : SA11.8621**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 12 E. 86TH ST. APT 435

City NEW YORK State NY Zip Code 10028-0509

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

Name of Employer HOSPITAL FOR SPECIAL SURGERY Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11.8535**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**RANDEE HOROWITZ BANK**

Mailing Address 38 SANDS ST.

City MOUNT KISCO State NY Zip Code 10549-1323

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

Name of Employer N/A Occupation UNEMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8737**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address 22 OLD MILL RD

City WALLKILL State NY Zip Code 12589-2806

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

Name of Employer BARTON CHEVROLET INC Occupation AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8696**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JONATHAN A. BATH**

Mailing Address 54 STONEHOUSE RD.

City SOMERS State NY Zip Code 10589-2510

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

Name of Employer PILKINGTON & LEGGETT Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8814**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. NANCY REISMAN BERAN**

Mailing Address 30 OLD ROARING BROOK ROAD

City MOUNT KISCO State NY Zip Code 10549-3714

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

Name of Employer WESTCHESTER HEALTH ASSOCIATES Occupation INTERNIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : SA11.8624**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 514 MT. HOLLY RD.

City KATONAH State NY Zip Code 10536-2405

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8868**

Amount of Each Receipt this Period  
 5200.00  
 CONTRIBUTION

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

Mailing Address 514 MT. HOLLY RD.

City KATONAH State NY Zip Code 10536-2405

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8868B**

Amount of Each Receipt this Period  
 -2600.00  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

5700.00

**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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. BARBARA BIENENSTOCK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 514 MT. HOLLY RD.		<b>Transaction ID : SA11.8870</b>	
City KATONAH	State NY	Zip Code 10536-2405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
		CONTRIBUTION <b>[MEMO ITEM]</b> REDESIGNATION FROM PRIMARY	

Full Name (Last, First, Middle Initial) <b>B. ROGER BLANC</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2014	
Mailing Address 340 ARMONK ROAD		<b>Transaction ID : SA11.8479</b>	
City MOUNT KISCO	State NY	Zip Code 10549-4615	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer WILLKIE FARR 7 GALLAGHER	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) <b>C. JOE BOSCO</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2014	
Mailing Address 67 HAVEMEYER RD		<b>Transaction ID : SA11.8538</b>	
City IRVINGTON	State NY	Zip Code 10533-2642	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NYU MEDICAL CENTER	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
		CONTRIBUTION	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 9 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**WALTER F. BOTTGER**

Mailing Address **21 E 87TH ST**  
**APT 4A**

City **NEW YORK** State **NY** Zip Code **10128-0506**

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

Name of Employer **BERKMAN BOTTGER NEWMAN & RODD, LLP** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11.8653**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. DAVID L. BRONSON**

Mailing Address **70 OLD PLANK LANE**

City **MORELAND HILLS** State **OH** Zip Code **44022-2402**

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

Name of Employer **CLEVELAND CLINIC** Occupation **PHYSICIAN/EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 25 / 2014**

**Transaction ID : SA11.8368**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **805 59TH STREET**

City **WEST DES MOINES** State **IA** Zip Code **50266-7518**

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

Name of Employer **THE IOWA CLINIC** Occupation **HEALTH CARE EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11.8597**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **24 PENWOOD ROAD**

City **BEDFORD CORNERS** State **NY** Zip Code **10549-4963**

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

Name of Employer **MBIA, INC.** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : SA11.8647**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

Mailing Address **26 WOODLAKE DRIVE**

City **CROTON ON HUDSON** State **NY** Zip Code **10520-3203**

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

Name of Employer **PILKINGTON & LEGGETT** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8812**

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

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

Mailing Address **5302 SUMMERWOOD DRIVE**

City **TEMPLE** State **TX** Zip Code **76502-8815**

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

Name of Employer **UNIVERSITY OF LOUISVILLE PHYSICIANS** Occupation **HEALTH CARE EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8819**

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

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

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

**4100.00**

**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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 71 OLD OSCALETA ROAD

City SOUTH SALEM State NY Zip Code 10590-1202

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

Name of Employer TRADE ASSOCIATION MANAGEMENT Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 13 / 2014

**Transaction ID : SA11.8502**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 71 OLD OSCALETA ROAD

City SOUTH SALEM State NY Zip Code 10590-1202

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

Name of Employer TRADE ASSOCIATION MANAGEMENT Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11.8614**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. LAUREN J. CARDULLO**

Mailing Address 13 WHIPPOORWILL ROAD

City ARMONK State NY Zip Code 10504-1327

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8752**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN L. CARLSON**

Mailing Address **620 GUARD HILL ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1041**

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

Name of Employer **SELF-EMPLOYED** Occupation **INTERIOR DESIGNER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 01 / 2014**

**Transaction ID : SA11.8413**

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

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

Mailing Address **7101 N DESERT FAIRWAYS DR**

City **PARADISE VLY** State **AZ** Zip Code **85253-3338**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8705**

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

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

Mailing Address **27 FRANKLIN COURT**

City **GARDEN CITY** State **NY** Zip Code **11530-6109**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **CHIEF, DIVISION OF GYNECOLOGIC ONCO**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 23 / 2014**

**Transaction ID : SA11.8547**

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

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **27 FRANKLIN COURT**

City **GARDEN CITY** State **NY** Zip Code **11530-6109**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **CHIEF, DIVISION OF GYNECOLOGIC ONCOLOGY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8748**

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

**B.** Full Name (Last, First, Middle Initial)  
**DR. MADDIPOTI J. CHOUDRY**

Mailing Address **111 CLOCK TOWER COMMONS**

City **BREWSTER** State **NY** Zip Code **10509-4055**

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

Name of Employer **NORTHERN MEDICAL SPECIALISTS** Occupation **CARDIOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11.8630**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. MADDIPOTI J. CHOUDRY**

Mailing Address **111 CLOCK TOWER COMMONS**

City **BREWSTER** State **NY** Zip Code **10509-4055**

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

Name of Employer **NORTHERN MEDICAL SPECIALISTS** Occupation **CARDIOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8701**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

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

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

**5200.00**

**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 14 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. MADDIPOTI J. CHOUDRY**

Mailing Address 111 CLOCK TOWER COMMONS

City State Zip Code  
BREWSTER NY 10509-4055

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

Name of Employer Occupation  
NORTHERN MEDICAL SPECIALISTS CARDIOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8701B**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**DR. MADDIPOTI J. CHOUDRY**

Mailing Address 111 CLOCK TOWER COMMONS

City State Zip Code  
BREWSTER NY 10509-4055

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

Name of Employer Occupation  
NORTHERN MEDICAL SPECIALISTS CARDIOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8781**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address 1500 CHESTNUT STREET, #20H

City State Zip Code  
PHILADELPHIA PA 19102-2747

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

Name of Employer Occupation  
NEXTGEN HEALTHCARE SALES EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8722**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 1500 CHESTNUT STREET, #20H

City PHILADELPHIA State PA Zip Code 19102-2747

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

Name of Employer NEXTGEN HEALTHCARE Occupation SALES EXECUTIVE

Receipt For: 2014  
 Primary     General  
 Other (specify)

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8834**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

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

Mailing Address 26 LEGATO WAY

City THE WOODLANDS State TX Zip Code 77382-2073

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

Name of Employer CONVERSIO HEALTH Occupation CEO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.8660**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

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

Mailing Address 145 W. 67TH STREET, #34G

City NEW YORK State NY Zip Code 10023-5940

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

Name of Employer KIMCO REALTY CORPORATION Occupation VICE-PRESIDENT OF TAX

Receipt For: 2014  
 Primary     General  
 Other (specify)

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.8664**

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

CONTRIBUTION

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

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

\_\_\_\_\_ 2500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **1 CASHELL COURT**

City **NOTTINGHAM** State **MD** Zip Code **21236-2250**

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

Name of Employer **SELF** Occupation **PUBLIC AFFAIRS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8714**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. MITCHELL D. COHN**

Mailing Address **76 VALLEY LANE**

City **CHAPPAQUA** State **NY** Zip Code **10514-2003**

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

Name of Employer **NORTHEASTERN ANESTHESIA SERVICE** Occupation **ANESTHESIOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : SA11.8615**

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

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

Mailing Address **40 WEST 77TH STREET, APT 5B**

City **NEW YORK** State **NY** Zip Code **10024-5128**

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

Name of Employer **HOSPITAL FOR SPECIAL SURGERY** Occupation **SURGEON**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11.8531**

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

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

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

**3100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **24 SUMMIT CIRCLE**

City **SOMERS** State **NY** Zip Code **10589-2421**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 06 / 2014**

**Transaction ID : SA11.8457**

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

**B.** Full Name (Last, First, Middle Initial)  
**DR. FRANCIS J. CROSSON JR.**

Mailing Address **1491 HAMILTON AVENUE**

City **PALO ALTO** State **CA** Zip Code **94301-3125**

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

Name of Employer **AMERICAN MEDICAL ASSOCIATION** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8762**

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

**C.** Full Name (Last, First, Middle Initial)  
**MARIA J. D'AVANZO**

Mailing Address **85 PRIMROSE STREET**

City **KATONAH** State **NY** Zip Code **10536-3105**

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

Name of Employer **CUSHMAN & WAKEFIELD** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 30 / 2014**

**Transaction ID : SA11.8676**

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

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

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

**1600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 4875 PELICAN COLONY BLVD  
APT. 2004

City State Zip Code  
BONITA SPRINGS FL 34134-6923

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : SA11.8481**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 64 WEST SHORE DR

City State Zip Code  
PUTNAM VALLEY NY 10579-1930

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

Name of Employer Occupation  
EFT NETWORK CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2014

**Transaction ID : SA11.8372**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 64 WEST SHORE DR

City State Zip Code  
PUTNAM VALLEY NY 10579-1930

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

Name of Employer Occupation  
EFT NETWORK CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : SA11.8553**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **64 WEST SHORE DR**

City **PUTNAM VALLEY** State **NY** Zip Code **10579-1930**

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

Name of Employer **EFT NETWORK** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11.8638**

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

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

Mailing Address **35 TERRELL FARM PLACE**

City **CHESHIRE** State **CT** Zip Code **06410-2910**

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

Name of Employer **WOMEN'S HEALTH CONNECTICUT** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 22 / 2014**

**Transaction ID : SA11.8367**

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

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

Mailing Address **35 TERRELL FARM PLACE**

City **CHESHIRE** State **CT** Zip Code **06410-2910**

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

Name of Employer **WOMEN'S HEALTH CONNECTICUT** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8684**

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

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **69 WOOD ROAD**

City **BEDFORD HILLS** State **NY** Zip Code **10507-1219**

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

Name of Employer **VMWARE** Occupation **SOFTWARE ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11.8626**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

Mailing Address **236 W. 26TH ST., 2W**

City **NEW YORK** State **NY** Zip Code **10001-6892**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 20 / 2014**

**Transaction ID : SA11.8471**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

Mailing Address **62 LIDA VISTA AVENUE**

City **ATHERTON** State **CA** Zip Code **94027-5429**

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

Name of Employer **TRIDENT CAPITAL** Occupation **VENTURE CAPITALIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : SA11.8613**

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

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

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

**6200.00**

**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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DONALD R. DIXON**

Mailing Address **62 LIDA VISTA AVENUE**

City **ATHERTON** State **CA** Zip Code **94027-5429**

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

Name of Employer **TRIDENT CAPITAL** Occupation **VENTURE CAPITALIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8613B**

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

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address **62 LIDA VISTA AVENUE**

City **ATHERTON** State **CA** Zip Code **94027-5429**

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

Name of Employer **TRIDENT CAPITAL** Occupation **VENTURE CAPITALIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8860**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address **13221 PONDEROSA WAY**

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

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

Name of Employer **OFFICE OF CONGRESSMAN TREY RADEL** Occupation **LEGISLATIVE DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8760**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

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

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

**2600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address P.O. BOX 1713

City TALLAHASSEE State FL Zip Code 32302-1713

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

Name of Employer CAPITAL STRATEGIES, INC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8712**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

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

Mailing Address P.O. BOX 1713

City TALLAHASSEE State FL Zip Code 32302-1713

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

Name of Employer CAPITAL STRATEGIES, INC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8712B**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address P.O. BOX 1713

City TALLAHASSEE State FL Zip Code 32302-1713

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

Name of Employer CAPITAL STRATEGIES, INC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8791**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

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

5200.00

**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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. KENNETH A. EGOL M.D.**

Mailing Address **5 WINTHROP DR**

City **RYE BROOK** State **NY** Zip Code **10573-1442**

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

Name of Employer **NYU LANGONE** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11.8533**

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

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

Mailing Address **112 USHER LANE**

City **NORTH WALES** State **PA** Zip Code **19454-4420**

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

Name of Employer **NEXTGEN HEALTHCARE** Occupation **SUPERVISOR BUSINESS DEVELOPMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8821**

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

**C.** Full Name (Last, First, Middle Initial)  
**DR. CARLA ENG-KOHN**

Mailing Address **7 CASPERKILL DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-5011**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8811**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

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

**2750.00**

**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 24 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **20 BREWER ROAD**

City **NEWBURGH** State **NY** Zip Code **12550-1212**

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

Name of Employer **CMMR** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8725**

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

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

Mailing Address **24 CAPTAIN THEALE ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1428**

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

Name of Employer **REALTY PARTNERS, LLC** Occupation **PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8686**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

Mailing Address **24 CAPTAIN THEALE ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1428**

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

Name of Employer **BARCLAY CAPITAL** Occupation **MANAGING DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8687**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**5700.00**

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

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

FOR LINE NUMBER: PAGE 25 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 19 SCHOOLHOUSE RD.

City State Zip Code  
WACCABUC NY 10597-1113

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

Name of Employer Occupation  
N/A UNEMPLOYED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11.8606**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 2711 YORK CT.

City State Zip Code  
SOUTHLAKE TX 76092-8871

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

Name of Employer Occupation  
CIGNA PHYSICIAN

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8827**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 5801 OAKBEND TRAIL, SUITE 270

City State Zip Code  
FORT WORTH TX 76132-3922

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

Name of Employer Occupation  
ONE TO ONE M.D. PHYSICIAN

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8826**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 11 SOUTH LANE

City CHAPPAQUA State NY Zip Code 10514-2410

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

Name of Employer PARK SOUTH MEDICAL DENTAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11.8607**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 250 SCUDDERS LANE

City ROSLYN State NY Zip Code 11576-1038

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

Name of Employer BELSTAR HOLDINGS Occupation PORTFOLIO MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 07 / 2014

**Transaction ID : SA11.8467**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 3814 IVANHOE LANE

City ALEXANDRIA State VA Zip Code 22310-2170

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.8663**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **9 SW 3 TREE POINT LANE**

City **BURIEN** State **WA** Zip Code **98166-3137**

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

Name of Employer **PROLIANCE SURGEONS** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8741**

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

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

Mailing Address **906 TAMARACK TRAIL**

City **IOWA CITY** State **IA** Zip Code **52245-3555**

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

Name of Employer **UNIVERSITY OF IOWA HOSPITALS AND CLIN** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : SA11.8406**

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

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

Mailing Address **906 TAMARACK TRAIL**

City **IOWA CITY** State **IA** Zip Code **52245-3555**

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

Name of Employer **UNIVERSITY OF IOWA HOSPITALS AND CLIN** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : SA11.8648**

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

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

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

**600.00**

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>LOUIS GIORDANO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 1135 BRIDGE POINTE LANE		<b>Transaction ID : SA11.8593</b>	
City YORKTOWN HEIGHTS	State NY	Zip Code 10598-6208	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00	
Name of Employer CROTON AUTO PARK	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) <b>LOUIS GIORDANO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 1135 BRIDGE POINTE LANE		<b>Transaction ID : SA11.8650</b>	
City YORKTOWN HEIGHTS	State NY	Zip Code 10598-6208	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00	
Name of Employer CROTON AUTO PARK	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) <b>DR. REGINA GIUFFRIDA</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 5 REYNOLDS LANE		<b>Transaction ID : SA11.8755</b>	
City KATONAH	State NY	Zip Code 10536-3837	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation OBSTETRICIAN-GYNECOLOGIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
		CONTRIBUTION	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 29 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 120 SOUTH 31ST AVENUE

City OMAHA State NE Zip Code 68131-1481

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

Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11.8682**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

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

Mailing Address 255 SOUNDVIEW AVENUE

City WHITE PLAINS State NY Zip Code 10606-3821

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8763**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 12770 COIT ROAD

City DALLAS State TX Zip Code 75251-1336

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

Name of Employer NCPA Occupation PRESIDENT & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.8661**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. AMEET GOYAL**

Mailing Address **5 MOUNT HOLLY DRIVE**

City **RYE** State **NY** Zip Code **10580-1858**

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

Name of Employer **AMEET GOYAL, M.D., P.C.** Occupation **PLASTIC SURGEON**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8730**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

Mailing Address **PO BOX 97**

City **SALISBURY MILLS** State **NY** Zip Code **12577-0097**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11.8609**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **514 WEED STREET**

City **NEW CANAAN** State **CT** Zip Code **06840-6127**

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

Name of Employer **WESTCHESTER HEALTH** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8806**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**2250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 35 DAVANDJER LANE

City State Zip Code  
PINE ISLAND NY 10969-1542

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

Name of Employer Occupation  
A.GURDA PRODUCE INC. MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 07 / 2014

**Transaction ID : SA11.8472**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 135 SPACKENKILL ROAD

City State Zip Code  
POUGHKEEPSIE NY 12603-5010

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2014

**Transaction ID : SA11.8470**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

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

Mailing Address P.O. BOX 660

City State Zip Code  
BEDFORD NY 10506-0660

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : SA11.8522**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. NILO E. HERRERA**

Mailing Address 358 GRAPE HOLLOW ROAD

City HOLMES State NY Zip Code 12531-5426

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation INTERNIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : SA11.8392**

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

**B.** Full Name (Last, First, Middle Initial)  
**DR. NILO E. HERRERA**

Mailing Address 358 GRAPE HOLLOW ROAD

City HOLMES State NY Zip Code 12531-5426

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation INTERNIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2014**

**Transaction ID : SA11.8670**

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

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

Mailing Address 204 COUNTRY RIDGE DRIVE

City RYE BROOK State NY Zip Code 10573-1004

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2014**

**Transaction ID : SA11.8424**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

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

**2750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 433 JAY ST

City KATONAH State NY Zip Code 10536-3714

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

Name of Employer LAZARD FINANCIAL MARKETS Occupation FINANCIAL ANALYST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11.8611**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 2475 IRON STONE LOOP

City TEMPLETON State CA Zip Code 93465-8397

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

Name of Employer PACIFIC COAST PHARMACY Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8822**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 140 SHAGBARK LANE

City HOPEWELL JUNCTION State NY Zip Code 12533-5282

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

Name of Employer BOEHRINGER INGELHEIM PHARMACEUTICALS Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11.8669**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>MORTON HYMAN</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014	
Mailing Address 16 BEDFORD CENTER ROAD		<b>Transaction ID : SA11.8549</b>	
City BEDFORD HILLS	State NY	Zip Code 10507-2202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MPH ENTERPRISES	Occupation PRIVATE INVESTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>PAUL JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2014	
Mailing Address 19 BRADFORD COURT		<b>Transaction ID : SA11.8403</b>	
City BREWSTER	State NY	Zip Code 10509-4935	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer VERIZON	Occupation DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>PAUL JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 19 BRADFORD COURT		<b>Transaction ID : SA11.8595</b>	
City BREWSTER	State NY	Zip Code 10509-4935	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer VERIZON	Occupation DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<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 35 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>PAUL JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 19 BRADFORD COURT		<b>Transaction ID : SA11.8691</b>
City BREWSTER	State NY	Zip Code 10509-4935
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00 CONTRIBUTION	
Name of Employer VERIZON	Occupation DIRECTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>PAUL J. KARP</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 21 HICKORY DRIVE		<b>Transaction ID : SA11.8512</b>
City CAMPBELL HALL	State NY	Zip Code 10916-3323
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer WILSON, ELSER	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>CURTIS KATZ</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 29 BARSTOW ROAD		<b>Transaction ID : SA11.8585</b>
City GREAT NECK	State NY	Zip Code 11021-2222
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00 CONTRIBUTION	
Name of Employer ROXANN MANAGEMENT CORP	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5550.00
<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 36 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **29 BARSTOW ROAD**

City **GREAT NECK** State **NY** Zip Code **11021-2222**

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

Name of Employer **ROXANN MANAGEMENT CORP** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8585B**

Amount of Each Receipt this Period  
**-2400.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address **29 BARSTOW ROAD**

City **GREAT NECK** State **NY** Zip Code **11021-2222**

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

Name of Employer **ROXANN MANAGEMENT CORP** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8799**

Amount of Each Receipt this Period  
**2400.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**DR. ADINA H. KELLER**

Mailing Address **30 GEDNEY WAY**

City **CHAPPAQUA** State **NY** Zip Code **10514-1402**

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

Name of Employer **MOUNT KISCO MEDICAL GROUP** Occupation **OBSTETRICIAN-GYNECOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 03 / 2014**

**Transaction ID : SA11.8580**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**1000.00**

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

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

FOR LINE NUMBER: PAGE 37 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. JEFFREY L. KELLER**

Mailing Address 30 GEDNEY WAY

City CHAPPAQUA State NY Zip Code 10514-1402

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation OTOLARYNGOLOGIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA11.8579**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 3901 HIGHWOOD CT. NW

City WASHINGTON State DC Zip Code 20007-2132

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

Name of Employer NATIONAL ASSOCIATION OF CHAIN DRUG S Occupation SENIOR VP

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11.8678**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 8227 SMITHFIELD AVENUE

City SPRINGFIELD State VA Zip Code 22152-3060

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

Name of Employer STORM KING STRATEGIES, LLC Occupation CONSULTANT/LOBBYIST

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8692**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**GEORGE W. KETCHUM**

Mailing Address **P.O. BOX 288**

City **SUGAR LOAF** State **NY** Zip Code **10981-0288**

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

Name of Employer **PDJ COMPONENTS** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11.8513**

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

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

Mailing Address **7 TIMBERWOOD PLACE**

City **SOUTH SALEM** State **NY** Zip Code **10590-2112**

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

Name of Employer **RAYTHEON CORP.** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11.8525**

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

**C.** Full Name (Last, First, Middle Initial)  
**DR. RONALD H. KIRKLAND**

Mailing Address **107 TUCKAHOE ROAD**

City **JACKSON** State **TN** Zip Code **38305-8864**

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

Name of Employer **THE JACKSON CLINIC** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : SA11.8643**

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

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**CAROLE E. KLANG**

Mailing Address 800 5TH AVENUE, #20-F

City NEW YORK State NY Zip Code 10065-7289

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

Name of Employer RMS CORP. Occupation MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : SA11.8430**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

OVER LIMIT CONTRIBUTION TO BE REFUNDED

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

Mailing Address 800 5TH AVENUE, #20-F

City NEW YORK State NY Zip Code 10065-7289

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

Name of Employer RMS CORP. Occupation MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11.8617**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

OVER LIMIT CONTRIBUTION TO BE REFUNDED

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

Mailing Address 279 HAWLEY ROAD

City NORTH SALEM State NY Zip Code 10560-2603

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11.8666**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. LEWIS KOHL**

Mailing Address **279 HAWLEY ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560-2603**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8666B**

Amount of Each Receipt this Period  
**-400.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address **279 HAWLEY ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560-2603**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8785**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address **P.O. BOX 391**

City **RIVERSIDE** State **CA** Zip Code **92502-0391**

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

Name of Employer **CENTRIHEALTH, INC., KMGI** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : SA11.8493**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

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

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

**2600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. CLAUDETTE LAJAM**

Mailing Address **30 KNOLLWOOD DR**

City **LARCHMONT** State **NY** Zip Code **10538-1238**

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

Name of Employer **NYU LANGONEMEDICALCENER** Occupation **PHYSICIAN/SURGEON**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 20 / 2014**

**Transaction ID : SA11.8537**

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

**B.** Full Name (Last, First, Middle Initial)  
**DR. F. E. LAJAM**

Mailing Address **135 SHORE RD**

City **MANHASSET** State **NY** Zip Code **11030-1350**

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

Name of Employer **MOUNT SINAI** Occupation **SURGEON**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11.8534**

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

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

Mailing Address **43 GLENWOOD LANE**

City **KATONAH** State **NY** Zip Code **10536-3839**

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

Name of Employer **ALLIANZ OF AMERICA** Occupation **TRADER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : SA11.8565**

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

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **6 MEADOW BROOK ROAD**

City **KATONAH** State **NY** Zip Code **10536-3850**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 07 / 2014**

**Transaction ID : SA11.8474**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM G. LAPERCH**

Mailing Address **17 SHOSHINE DR**

City **KATONAH** State **NY** Zip Code **10536-2919**

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

Name of Employer **ABOVENET INC.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11.8530**

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

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

Mailing Address **100 UPPER LAKE SHORE DRIVE**

City **KATONAH** State **NY** Zip Code **10536-2652**

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

Name of Employer **LEHRMAN, LEHRMAN & GUTERMAN** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8710**

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

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **11 MARIE COURT**

City **POUGHKEEPSIE** State **NY** Zip Code **12601-5657**

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

Name of Employer **LCS FACILILTY GROUP INC.** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8717**

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

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

Mailing Address **174 SMITH RIDGE ROAD**

City **SOUTH SALEM** State **NY** Zip Code **10590-1922**

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

Name of Employer **N/A** Occupation **REGISTERED NURSE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8858**

Amount of Each Receipt this Period  
**1400.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. THOMAS J. LESTER**

Mailing Address **174 SMITH RIDGE ROAD**

City **SOUTH SALEM** State **NY** Zip Code **10590-1922**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8841**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. THOMAS J. LESTER**

Mailing Address 174 SMITH RIDGE ROAD

City SOUTH SALEM State NY Zip Code 10590-1922

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation ONCOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8841B**

Amount of Each Receipt this Period  
 -2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**DR. THOMAS J. LESTER**

Mailing Address 174 SMITH RIDGE ROAD

City SOUTH SALEM State NY Zip Code 10590-1922

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation ONCOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8859**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address 4875 PELICAN COLONY BLVD

City BONITA SPRINGS State FL Zip Code 34134-6917

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : SA11.8574**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

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

100.00

**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 45 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. ROSS S. LEVY**

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514-3603

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8746**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. ROSS S. LEVY**

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514-3603

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8746B**

Amount of Each Receipt this Period  
 -1400.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**DR. ROSS S. LEVY**

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514-3603

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8779**

Amount of Each Receipt this Period  
 1400.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**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 46 OF 126
	<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	

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

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

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

Mailing Address P.O. BOX 564

City KATONAH State NY Zip Code 10536-0564

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

Name of Employer WOOLWORKS Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11.8411**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 2703 YORK CT

City SOUTHLAKE State TX Zip Code 76092-8871

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

Name of Employer BALFOUR BEATTY CONSTRUCTION Occupation VP RISK MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11.8673**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 230 ASHBOURNE ROAD

City BEXLEY State OH Zip Code 43209-1453

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

Name of Employer OHIO STATE UNIVERSITY Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : SA11.8382**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. GEORGE A. LONG</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 14 LOWER SHAD ROAD		<b>Transaction ID : SA11.8423</b>
City POUND RIDGE	State NY Zip Code 10576-2215	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00 CONTRIBUTION
Name of Employer N/A	Occupation RETIRED	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 4000.00		

Full Name (Last, First, Middle Initial) <b>B. GEORGE A. LONG</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 14 LOWER SHAD ROAD		<b>Transaction ID : SA11.8629</b>
City POUND RIDGE	State NY Zip Code 10576-2215	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00 CONTRIBUTION
Name of Employer N/A	Occupation RETIRED	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 4000.00		

Full Name (Last, First, Middle Initial) <b>C. GEORGE A. LONG</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 14 LOWER SHAD ROAD		<b>Transaction ID : SA11.8629B</b>
City POUND RIDGE	State NY Zip Code 10576-2215	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period -1400.00 CONTRIBUTION
Name of Employer N/A	Occupation RETIRED	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> 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 48 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **14 LOWER SHAD ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2215**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8783**

Amount of Each Receipt this Period  
**1400.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address **21 CORRIGAN LANE**

City **GREENWICH** State **CT** Zip Code **06831-2904**

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

Name of Employer **SELF** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : SA11.8500**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **142 SARLES STREET**

City **BEDFORD CORNERS** State **NY** Zip Code **10549-4733**

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

Name of Employer **BROWN BROTHERS HARRIMAN** Occupation **SENIOR ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 16 / 2014**

**Transaction ID : SA11.8365**

Amount of Each Receipt this Period  
**5200.00**

CONTRIBUTION

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

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

**5700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **142 SARLES STREET**

City **BEDFORD CORNERS** State **NY** Zip Code **10549-4733**

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

Name of Employer **BROWN BROTHERS HARRIMAN** Occupation **SENIOR ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8365B**

Amount of Each Receipt this Period  
 -2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address **142 SARLES STREET**

City **BEDFORD CORNERS** State **NY** Zip Code **10549-4733**

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

Name of Employer **BROWN BROTHERS HARRIMAN** Occupation **SENIOR ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8789**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**DR. BELLA M. MALITS**

Mailing Address **10 CITY PLACE, #10E**

City **WHITE PLAINS** State **NY** Zip Code **10601-3340**

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

Name of Employer **MOUNT KISCO MEDICAL GROUP** Occupation **PAIN MANAGEMENT SPECIALIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 05 / 2014**

**Transaction ID : SA11.8436**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. BELLA M. MALITS**

Mailing Address 10 CITY PLACE, #10E

City State Zip Code  
WHITE PLAINS NY 10601-3340

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PAIN MANAGEMENT SPECIALIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : SA11.8568**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 37 LONDONDERRY LANE

City State Zip Code  
SOMERS NY 10589-2902

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

Name of Employer Occupation  
MT KISCO MEDICAKL GROUP PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8815**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 7 KITCHANWAN ROAD

City State Zip Code  
POUND RIDGE NY 10576-1317

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
599.97

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : SA11.8526**

Amount of Each Receipt this Period  
199.99

CONTRIBUTION

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

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

949.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **7 KITCHANWAN ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-1317**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**599.97**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11.8527**

Amount of Each Receipt this Period  
**199.99**  
 CONTRIBUTION

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

Mailing Address **300 TARA HILL DRIVE**

City **STROUDSBURG** State **PA** Zip Code **18360-9309**

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

Name of Employer **APTALIS PHARMA** Occupation **VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8735**

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

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

Mailing Address **15081 TAMARIND CAY CT.**

City **FORT MYERS** State **FL** Zip Code **33908-4987**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8731**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

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

**3799.99**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 12 VISTA LANE

City Patterson State NY Zip Code 12563-2674

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

Name of Employer GEICO Occupation INSURANCE INVESTIGATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : SA11.8383**

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

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

Mailing Address 12 VISTA LANE

City Patterson State NY Zip Code 12563-2674

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

Name of Employer GEICO Occupation INSURANCE INVESTIGATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 22 / 2014**

**Transaction ID : SA11.8619**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL B. MCMANUS**

Mailing Address 4 WOODS BRIDGE ROAD

City KATONAH State NY Zip Code 10536-1516

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

Name of Employer CLARK ASSOCIATES FUNERAL HOME Occupation FUNERAL DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8831**

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

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **795 HERITAGE HILLS, UNIT C**

City **SOMERS** State **NY** Zip Code **10589-4025**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 06 / 2014**

**Transaction ID : SA11.8464**

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

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

Mailing Address **P.O. BOX 657**

City **CROSS RIVER** State **NY** Zip Code **10518-0657**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 02 / 2014**

**Transaction ID : SA11.8577**

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

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

Mailing Address **BOX 57**

City **WEST POINT** State **NY** Zip Code **10996-0057**

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

Name of Employer **US ARMY** Occupation **CONTRACTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : SA11.8374**

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

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

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

**1550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. PETER MERCURIO**

Mailing Address 73 OLD OSCALETA ROAD

City SOUTH SALEM State NY Zip Code 10590-1202

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

Name of Employer WESTCHESTER HEALTH ASSOC. Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8716**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. DEBORAH M. MOLLO**

Mailing Address 46 FOX DEN ROAD

City MOUNT KISCO State NY Zip Code 10549-3835

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 07 / 2014

**Transaction ID : SA11.8468**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 450 CHAPEL HEIGHTS ROAD

City SEWELL State NJ Zip Code 08080-9345

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

Name of Employer DREXEL UNIVERSITY COLLEGE OF MEDICIN Occupation OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11.8675**

Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JASON S. MOON**

Mailing Address 5640 SHADDELEE LANE WEST

City State Zip Code  
FORT MYERS FL 33919-2532

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

Name of Employer Occupation  
THERIAC ENTERPRISES ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8719**

Amount of Each Receipt this Period  
 5200.00

CONTRIBUTION

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

Mailing Address 5640 SHADDELEE LANE WEST

City State Zip Code  
FORT MYERS FL 33919-2532

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

Name of Employer Occupation  
THERIAC ENTERPRISES ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8719B**

Amount of Each Receipt this Period  
 -2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address 5640 SHADDELEE LANE WEST

City State Zip Code  
FORT MYERS FL 33919-2532

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

Name of Employer Occupation  
THERIAC ENTERPRISES ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8801**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

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

5200.00

**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 56 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY S. MORRIS**

Mailing Address 154 KEELER LANE

City NORTH SALEM State NY Zip Code 10560-2206

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11.8536**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 11 ARGYLE PLACE

City BRONXVILLE State NY Zip Code 10708-4200

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

Name of Employer ARSENAL CAPITAL MANAGMENT Occupation INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA11.8582**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 90 LAKE TRAIL EAST

City MORRISTOWN State NJ Zip Code 07960-6748

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

Name of Employer NEIGEL CENTER, PA Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8732**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ERIK A. NICOLAYSEN III**

Mailing Address P.O. BOX 108

City CHAPPAQUA State NY Zip Code 10514-0108

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

Name of Employer NICOLAYSEN AGENCY INC. Occupation INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11.8598**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. MARK A. NOGUEIRA**

Mailing Address 25 HUNT FARM ROAD

City WACCABUC State NY Zip Code 10597-1101

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation UROLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8747**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL J. O'KANE**

Mailing Address 15 SOLURI LANE

City TOMKINS COVE State NY Zip Code 10986-1309

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

Name of Employer O'KANE CONSTRUCTION Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11.8520**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **5 HEERDT FARM LANE**

City **POUND RIDGE** State **NY** Zip Code **10576-1617**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : SA11.8616**

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

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

Mailing Address **295 MAIN STREET, SUITE 210**

City **BUFFALO** State **NY** Zip Code **14203-2402**

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

Name of Employer **ELLCOT DEVELOPMENT COMPANY** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11.8658**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

Mailing Address **570 ANDERSON HILL RD.**

City **PURCHASE** State **NY** Zip Code **10577-1701**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11.8610**

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

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

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

**3850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **93 OLD CHURCH ROAD**

City **GREENWICH** State **CT** Zip Code **06830-4817**

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

Name of Employer **BANK OF AMERICA** Occupation **MANAGING DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8709**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

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

Mailing Address **400 MADISON ST.**

City **ALEXANDRIA** State **VA** Zip Code **22314-1755**

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

Name of Employer **AMERICAN MEDICAL GROUP ASSOCIATION** Occupation **CHIEF MEDICAL OFFICER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : SA11.8496**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **45 ROCK SHELTER ROAD**

City **WACCABUC** State **NY** Zip Code **10597-1035**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : SA11.8389**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**2750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 720 MILTON ROAD

City RYE State NY Zip Code 10580-3270

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

Name of Employer PILKINGTON & LEGGETT, P.C. Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8804**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 720 MILTON ROAD

City RYE State NY Zip Code 10580-3270

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

Name of Employer GAMCO ASSET MANAGEMENT Occupation STOCK BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8805**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 67 RANDOM FARMS DR

City CHAPPAQUA State NY Zip Code 10514-1017

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

Name of Employer UNITEX Occupation VP SALES & MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11.8484**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

5700.00

**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 61 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 67 RANDOM FARMS DR

City CHAPPAQUA State NY Zip Code 10514-1017

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

Name of Employer UNITEX Occupation VP SALES & MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.8625**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 737 CROTON FALLS ROAD, #657

City CROTON FALLS State NY Zip Code 10519

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

Name of Employer GARON FENCE CO., INC. Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : SA11.8446**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. THOMAS F. PURDON**

Mailing Address 706 E. BENT BRANCH PLACE

City GREEN VALLEY State AZ Zip Code 85614-5171

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

Name of Employer CONTINENTAL FAMILY MEDICAL CENTER (R) Occupation OBSTETRICIAN-GYNECOLOGIST (RETIRED)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8718**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 62 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address **205 WESTCHESTER AVENUE**

City **POUND RIDGE** State **NY** Zip Code **10576-1706**

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

Name of Employer **BEDFORD ANESTHESIA** Occupation **ANESTHESIOLOGIST**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : SA11.8498**

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

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

Mailing Address **24 VERMONT AVENUE**

City **WHITE PLAINS** State **NY** Zip Code **10606-3522**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11.8596**

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

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

Mailing Address **24 VERMONT AVENUE**

City **WHITE PLAINS** State **NY** Zip Code **10606-3522**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8840**

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

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 481 OLD ALBANY POST ROAD

City State Zip Code  
GARRISON NY 10524-3721

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

Name of Employer Occupation  
SELF WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2014

**Transaction ID : SA11.8622**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 228

City State Zip Code  
POUND RIDGE NY 10576-0228

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

Name of Employer Occupation  
GER INDUSTRIES, INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : SA11.8634**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. I. RAND RODGERS**

Mailing Address 91 WEAVER STREET

City State Zip Code  
GREENWICH CT 06831-4300

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : SA11.8633**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. LYDA ROJAS CARROLL**

Mailing Address 180 STEBBINS ROAD

City State Zip Code  
CARMEL NY 10512-3842

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 03 / 2014

**Transaction ID : SA11.8420**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 7 BERRY BROOK CIRCLE

City State Zip Code  
CHAPPAQUA NY 10514-1624

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

Name of Employer Occupation  
PLASTIC & RECONSTRUCTIVE SURGERY PC PLASTIC SURGEON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2014

**Transaction ID : SA11.8683**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. JANUSZ Z. RUDNICKI**

Mailing Address 20 MANOR DR.

City State Zip Code  
GOLDENS BRIDGE NY 10526-1204

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8833**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 65 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address **4 ACORN WAY**

City **GEORGETOWN** State **MA** Zip Code **01833-1856**

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

Name of Employer **SANOFI** Occupation **PHARMACEUTICAL DEVELOPER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : SA11.8555**

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

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

Mailing Address **15 HOPPER CT**

City **MAHWAH** State **NJ** Zip Code **07430-3137**

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

Name of Employer **VOTETOCRACY** Occupation **MANAGING PARTNER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : SA11.8571**

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

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

Mailing Address **393 GUARD HILL ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1043**

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

Name of Employer **LORDAE, LLC** Occupation **FINANCE**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8830**

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

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN P. SCHAIBLE**

Mailing Address **818 SAN YSIDRO LANE**

City **SANTA BARBARA** State **CA** Zip Code **93108-1325**

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

Name of Employer **EVERCORE PARTNERS** Occupation **BANKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 14 / 2014**

**Transaction ID : SA11.8364**

Amount of Each Receipt this Period  
**2600.00**

CONTRIBUTION

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

Mailing Address **9 CAYUGA ROAD**

City **SCARSDALE** State **NY** Zip Code **10583-6920**

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

Name of Employer **WESTMED MEDICAL GROUP** Occupation **HEMATOLOGIST-ONCOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8744**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **36 GELLATLY DRIVE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-6478**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8743**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**3600.00**

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

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

FOR LINE NUMBER: PAGE 67 OF 126  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. JANET SERLE**

Mailing Address **151 E. 85TH STREET, #11E**

City **NEW YORK** State **NY** Zip Code **10028-8106**

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

Name of Employer **MOUNT SINAI SCHOOL OF MEDICINE** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 13 / 2014**

**Transaction ID : SA11.8501**

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

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

Mailing Address **9 DICKSON LANE**

City **MOUNT KISCO** State **NY** Zip Code **10549-1124**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8726**

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

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

Mailing Address **404 ALEXANDRIA CIRCLE**

City **SOUTHLAKE** State **TX** Zip Code **76092-8590**

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

Name of Employer **SELF** Occupation **ADVISOR AND CONSULTANT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8820**

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

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

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

**1600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **77 OLD LOGGING ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1604**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 08 / 2014**

**Transaction ID : SA11.8476**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. CLINTON I. SMULLYAN**

Mailing Address **18 EAST 48TH STREET, 19TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10017-1014**

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

Name of Employer **MOSBACHER PROPERTIES INC.** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : SA11.8557**

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

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

Mailing Address **2 HIXSON ROAD**

City **CROTON ON HUDSON** State **NY** Zip Code **10520-2140**

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

Name of Employer **PILKINGTON & LEGGETT P.C.** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 05 / 2014**

**Transaction ID : SA11.8438**

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

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

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

**2250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN M. SOLD**

Mailing Address **2 HIXSON ROAD**

City **CROTON ON HUDSON** State **NY** Zip Code **10520-2140**

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

Name of Employer **PILKINGTON & LEGGETT P.C.** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8816**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

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

Mailing Address **30 GRIFFEN AVE.**

City **SCARSDALE** State **NY** Zip Code **10583-7661**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 06 / 2014**

**Transaction ID : SA11.8460**

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

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

Mailing Address **50 FEDERAL HILL ROAD**

City **BREWSTER** State **NY** Zip Code **10509-5305**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8694**

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

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **9 STONELEIGH MANOR LN.**

City **PURCHASE** State **NY** Zip Code **10577-2232**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8818**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

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

Mailing Address **424 NORTH ALFRED**

City **ALEXANDRIA** State **VA** Zip Code **22314-2225**

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

Name of Employer **DELOITTE LLP** Occupation **PRINCIPAL FED & LEG. AFFAIRS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8772**

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

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

Mailing Address **50 OAK STREET**

City **BREWSTER** State **NY** Zip Code **10509-1409**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : SA11.8558**

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

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

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

**3600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 92 PINE HILL ROAD

City State Zip Code  
TUXEDO PARK NY 10987-4221

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

Name of Employer Occupation  
TRIANGLE MANUFACTURING CO. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2014

**Transaction ID : SA11.8602**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 6 AUTUMN RIDGE ROAD

City State Zip Code  
POUND RIDGE NY 10576-1400

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

Name of Employer Occupation  
LINDEN'S COOKIES, INC. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8728**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. RAMON A. SUAREZ**

Mailing Address 725 N. ISLAND DRIVE, NW

City State Zip Code  
ATLANTA GA 30327-4619

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

Name of Employer Occupation  
ATLANTA WOMEN'S HEALTHCARE SPECIAL OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : SA11.8518**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. RAMON A. SUAREZ**

Mailing Address 725 N. ISLAND DRIVE, NW

City ATLANTA State GA Zip Code 30327-4619

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

Name of Employer ATLANTA WOMEN'S HEALTHCARE SPECIAL Occupation OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8807**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11.8523**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : SA11.8554**

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

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2035.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2014

**Transaction ID : SA11.8592**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

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

Mailing Address 119 TURTLE POINT ROAD

City TUXEDO PARK State NY Zip Code 10987-4113

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8808**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

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

Mailing Address 119 TURTLE POINT ROAD

City TUXEDO PARK State NY Zip Code 10987-4113

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8808B**

Amount of Each Receipt this Period  
 -2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

2650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA J. SWANSON**

Mailing Address 119 TURTLE POINT ROAD

City State Zip Code  
TUXEDO PARK NY 10987-4113

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8861**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

Mailing Address 119 TURTLE POINT ROAD

City State Zip Code  
TUXEDO PARK NY 10987-4113

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

Name of Employer Occupation  
RIDGWOOD ENERGY CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8809**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

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

Mailing Address 119 TURTLE POINT ROAD

City State Zip Code  
TUXEDO PARK NY 10987-4113

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

Name of Employer Occupation  
RIDGWOOD ENERGY CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8809B**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT E. SWANSON**

Mailing Address 119 TURTLE POINT ROAD

City TUXEDO PARK State NY Zip Code 10987-4113

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

Name of Employer RIDGEWOOD ENERGY Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8862**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

Mailing Address 712 CHATHAM CT

City SOUTHLAKE State TX Zip Code 76092-8870

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

Name of Employer HEIL TRAILER INTERNATIONAL Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8824**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 4708 LAFAYETTE AVENUE

City FORT WORTH State TX Zip Code 76107-3724

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

Name of Employer TEXAS HEALTH CARE Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.8659**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. LARRY TATUM**

Mailing Address **4708 LAFAYETTE AVENUE**

City **FORT WORTH** State **TX** Zip Code **76107-3724**

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

Name of Employer **TEXAS HEALTH CARE** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8659B**

Amount of Each Receipt this Period  
**-3600.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address **4708 LAFAYETTE AVENUE**

City **FORT WORTH** State **TX** Zip Code **76107-3724**

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

Name of Employer **TEXAS HEALTH CARE** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11.8787**

Amount of Each Receipt this Period  
**3600.00**

CONTRIBUTION

**[MEMO ITEM]  
SEE REATTRIBUTION**

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

Mailing Address **4708 LAFAYETTE AV.**

City **FORT WORTH** State **TX** Zip Code **76107-3724**

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

Name of Employer **FORT WORTH MUSEUM OF HISTORY & SCIE** Occupation **TEACHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8856**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

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

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

**0.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. LARRY TATUM**

Mailing Address 4708 LAFAYETTE AVENUE

City State Zip Code  
FORT WORTH TX 76107-3724

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

Name of Employer Occupation  
TEXAS HEALTH CARE PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8787B**

Amount of Each Receipt this Period  
-1000.00

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

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

Mailing Address 50 RIVERSIDE DRIVE, #11B

City State Zip Code  
NEW YORK NY 10024-6508

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

Name of Employer Occupation  
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2014

**Transaction ID : SA11.8671**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 136 DORCHESTER DRIVE

City State Zip Code  
YORKTOWN HEIGHTS NY 10598-4757

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

Name of Employer Occupation  
21ST CENTURY ONCOLOGY RADIATION ONCOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : SA11.8519**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 136 DORCHESTER DRIVE

City Yorktown Heights State NY Zip Code 10598-4757

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

Name of Employer 21ST CENTURY ONCOLOGY Occupation RADIATION ONCOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : SA11.8589**

Amount of Each Receipt this Period  
 4200.00

CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address 136 DORCHESTER DRIVE

City Yorktown Heights State NY Zip Code 10598-4757

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

Name of Employer 21ST CENTURY ONCOLOGY Occupation RADIATION ONCOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8589B**

Amount of Each Receipt this Period  
 -2600.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

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

Mailing Address 136 DORCHESTER DRIVE

City Yorktown Heights State NY Zip Code 10598-4757

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

Name of Employer ALFRED TINGER, M.D., P.L. Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8850**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DAWN M. TINGER**

Mailing Address 136 DORCHESTER DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598-4757

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

Name of Employer ALFRED TINGER, M.D., P.L. Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8832**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

Mailing Address 136 DORCHESTER DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598-4757

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

Name of Employer ALFRED TINGER, M.D., P.L. Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8850B**

Amount of Each Receipt this Period  
**-1600.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

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

Mailing Address 136 DORCHESTER DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598-4757

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

Name of Employer ALFRED TINGER, M.D., P.L. Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8853**

Amount of Each Receipt this Period  
**1600.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM GENERAL**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **3 ROSEMARY COURT**

City **YORKTOWN HEIGHTS** State **NY** Zip Code **10598-6342**

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

Name of Employer **PFIZER** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : SA11.8482**

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

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

Mailing Address **19 CHURCH TAVERN RD**

City **SOUTH SALEM** State **NY** Zip Code **10590-1619**

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

Name of Employer **MONTEFIORE MEDICAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 28 / 2014**

**Transaction ID : SA11.8371**

Amount of Each Receipt this Period  
**5200.00**  
 CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address **131 SPRING STREET**

City **SOUTH SALEM** State **NY** Zip Code **10590-1634**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8873**

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

**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

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

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

**5700.00**

**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 81 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. HEATHER TRIVEDI**

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

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

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8371B**

Amount of Each Receipt this Period  
 -1000.00

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

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

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

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

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8874B**

Amount of Each Receipt this Period  
 -2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

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

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8876**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 82 OF 126

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. WILLIAM W. TUNG**  
 Mailing Address 82 RANDOM FARMS CIRCLE  
 City State Zip Code  
 CHAPPAQUA NY 10514-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MOUNT KISCO MEDICAL GROUP GASTROENTEROLOGIST  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11.8713**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ELAINE ULLRICH**  
 Mailing Address 65 OLD ASPETONG RD  
 City State Zip Code  
 KATONAH NY 10536-3844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA11.8561**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELINOR F. URSTADT**  
 Mailing Address 6 BEECHWOOD ROAD  
 City State Zip Code  
 BRONXVILLE NY 10708-3202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 URSTADT BIDDLE PROPERTIES CHAIRMAN  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11.8690**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. HARRIETTE BROWN VALLAR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2014	
Mailing Address 21 BISBEE LANE		<b>Transaction ID : SA11.8672</b>	
City BEDFORD HILLS	State NY	Zip Code 10507-2205	Amount of Each Receipt this Period 2600.00 CONTRIBUTION  SEE REATTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer NORTHERN WESTCHESTER HOSPITAL	Occupation SVP		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. HARRIETTE BROWN VALLAR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 21 BISBEE LANE		<b>Transaction ID : SA11.8672B</b>	
City BEDFORD HILLS	State NY	Zip Code 10507-2205	Amount of Each Receipt this Period -140.00 CONTRIBUTION  <b>[MEMO ITEM]</b> REATTRIBUTION TO SPOUSE
FEC ID number of contributing federal political committee. C			
Name of Employer NORTHERN WESTCHESTER HOSPITAL	Occupation SVP		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. MR. SCOTT VALLAR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 21 BISBEE LANE		<b>Transaction ID : SA11.8871</b>	
City BEDFORD HILLS	State NY	Zip Code 10507-2205	Amount of Each Receipt this Period 140.00 CONTRIBUTION  <b>[MEMO ITEM]</b> REATTRIBUTION FROM SPOUSE
FEC ID number of contributing federal political committee. C			
Name of Employer GUARD HILL ADVISORS LLC	Occupation INVESTMENT ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2640.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<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: PAGE 84 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT VALLAR**

Mailing Address **21 BISBEE LANE**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2205**

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

Name of Employer **GUARD HILL ADVISORS LLC** Occupation **INVESTMENT ADVISOR**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2640.00**

Date of Receipt  
**03 / 20 / 2014**

**Transaction ID : SA11.8612**

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

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

Mailing Address **179 BROAD BROOK ROAD**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2235**

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

Name of Employer **SPRINGWELL CORP.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
**02 / 03 / 2014**

**Transaction ID : SA11.8421**

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

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

Mailing Address **179 BROAD BROOK ROAD**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2235**

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

Name of Employer **SPRINGWELL CORP.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
**03 / 26 / 2014**

**Transaction ID : SA11.8637**

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

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

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

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. DR. JAVIER VIZOSO</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 1114 HARDEE ROAD		<b>Transaction ID : SA11.8564</b>	
City CORAL GABLES	State FL	Zip Code 33146-3229	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer FEMWELL GROUP HEALTH, INC.	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. ROBERT WAEGELEIN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 28 STIRRUP TRAIL		<b>Transaction ID : SA11.8651</b>	
City PAWLING	State NY	Zip Code 12564-2222	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer UNIVERSAL AMERICAN CORP.	Occupation PRESIDENT / CFO		
Receipt For: 2014 <input checked="" 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. DR. THADDEUS WANDEL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 136 OLD POST ROAD, N.		<b>Transaction ID : SA11.8813</b>	
City CROTON ON HUDSON	State NY	Zip Code 10520-1934	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<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 86 OF 126
	<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	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**DONALD E. WELLS**

Mailing Address **4601 ST, LAURENT CT**

City **FORT WORTH** State **TX** Zip Code **76126-1917**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8825**

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

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

Mailing Address **P.O. BOX 314**

City **KATONAH** State **NY** Zip Code **10536-0314**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 18 / 2014**

**Transaction ID : SA11.8366**

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

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

Mailing Address **165 WEST END AVENUE #20D**

City **NEW YORK** State **NY** Zip Code **10023-5512**

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

Name of Employer **BLANK ROME LLP** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11.8654**

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

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. H. JAY WISNICKI**

Mailing Address **8 UNION SQUARE SOUTH**

City **NEW YORK** State **NY** Zip Code **10003-4100**

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

Name of Employer **UNION SQUARE EYE CARE** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : SA11.8567**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. H. JAY WISNICKI**

Mailing Address **8 UNION SQUARE SOUTH**

City **NEW YORK** State **NY** Zip Code **10003-4100**

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

Name of Employer **UNION SQUARE EYE CARE** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8567B**

Amount of Each Receipt this Period  
**-2600.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**DR. H. JAY WISNICKI**

Mailing Address **8 UNION SQUARE SOUTH**

City **NEW YORK** State **NY** Zip Code **10003-4100**

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

Name of Employer **UNION SQUARE EYE CARE** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8863**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

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

**2600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. DR. STUART E. WUNSH</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address 1005 CLIFTON		<b>Transaction ID : SA11.8425</b>	
City CLIFTON	State NJ	Zip Code 07013-3520	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer NORTH JERSEY EYE	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. DR. STUART E. WUNSH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 1005 CLIFTON		<b>Transaction ID : SA11.8628</b>	
City CLIFTON	State NJ	Zip Code 07013-3520	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer NORTH JERSEY EYE	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. MITCHELL A. YELEN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 8925 SW 102 TERRACE		<b>Transaction ID : SA11.8724</b>	
City MIAMI	State FL	Zip Code 33176-3013	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer PINCHASIK YELEN MUSKAT STEIN, LLC	Occupation TAX ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 90 SAGAMORE RD

City State Zip Code  
BRONXVILLE NY 10708-1505

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

Name of Employer Occupation  
NEW YORK NEUROLOGICAL SURGERY, P.C. ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8733**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. RICHARD C. ZANE**

Mailing Address 75 14TH STREET, NE

City State Zip Code  
ATLANTA GA 30309-3604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ATLANTA WOMEN'S HEALTH GROUP PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : SA11.8575**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DEAN ZARRAS**

Mailing Address 12 OLD LOGGING ROAD

City State Zip Code  
BEDFORD NY 10506-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LOGIC9S, LLC PRESIDENT AND CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : SA11.8623**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN H. ZIMMERMAN**

Mailing Address 308 CHESTERFIELD PWY

City EAST LANSING State MI Zip Code 48823-4113

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11.8679**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M 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).....

250.00

212199.98

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**21ST CENTURY ONCOLOGY INC. PAC**

Mailing Address 6321 DANIELS PKWY SUITE 200

City State Zip Code  
FORT MYERS FL 33912-4773

FEC ID number of contributing federal political committee. **C C00385120**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8775**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE**

Mailing Address 1940 COMMERCE STREET, SUITE 108

City State Zip Code  
YORKTOWN HEIGHTS NY 10598-4447

FEC ID number of contributing federal political committee. **C C00278689**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11.8605**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED BUILDERS & CONTRACTORS PAC**

Mailing Address 440 FIRST STREET NW SUITE 200

City State Zip Code  
WASHINGTON DC 20001-2376

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8829**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**BILL PAC**

Mailing Address P.O. BOX 4528

City State Zip Code  
BRYAN TX 77805-4528

FEC ID number of contributing federal political committee. **C** C00527275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8773**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EVERY REPUBLICAN IS CRUCIAL**

Mailing Address 25 E. MAIN STREET, #200

City State Zip Code  
RICHMOND VA 23219-2109

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8771**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FIRST IN FREEDOM PAC**

Mailing Address PO BOX 6507

City State Zip Code  
CONCORD NC 28027-1526

FEC ID number of contributing federal political committee. **C** C00540146

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.8774**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOM AND SECURITY PAC**

Mailing Address 228 S. WASHINGTON STREET, #115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8837**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INTL. FRANCHISE ASSN. FRANCHISING PAC**

Mailing Address 1501 K STREET, N.W., #350

City WASHINGTON State DC Zip Code 20005-1412

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11.8677**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY AND BUDGET FUND**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824-0844

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 20 / 2014

**Transaction ID : SA11.8469**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY AND BUDGET FUND**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824-0844**

FEC ID number of contributing federal political committee. **C C00420695**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.8828**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NEMPAC - ACEP**

Mailing Address **P.O. BOX 619911**

City **DALLAS** State **TX** Zip Code **75261-9911**

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : SA11.8680**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**POLITICAL ACTION COMMITTEE OF THE AAOS**

Mailing Address **317 MASSACHUSETTS AVE, NE**

City **WASHINGTON** State **DC** Zip Code **20002-5769**

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11.8657**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**12500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**PROSPERITY PAC**

Mailing Address 1006 PENDLETON STREET

City State Zip Code  
ALEXANDRIA VA 22314-1837

FEC ID number of contributing federal political committee. **C C00377689**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11.8656**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC**

Mailing Address 409 12TH STREET, SW

City State Zip Code  
WASHINGTON DC 20024-2125

FEC ID number of contributing federal political committee. **C C00364158**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA11.8581**

Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TUESDAY GROUP PAC**

Mailing Address P.O. BOX 11586

City State Zip Code  
WASHINGTON DC 20008-0786

FEC ID number of contributing federal political committee. **C C00433060**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8838**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

14000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

**A.** Full Name (Last, First, Middle Initial)  
**VOICE FOR FREEDOM**

Mailing Address 2700 CUMBERLAND PARKWAY, #150

City ATLANTA State GA Zip Code 30339-3321

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.8777**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILD & WONDERFUL PAC**

Mailing Address PO BOX 651374

City POTOMAC FALLS State VA Zip Code 20165-1374

FEC ID number of contributing federal political committee. **C** C00489336

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11.8681**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

56250.00

**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 97 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 3500.00
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement EMPLOYEE SALARY	Transaction ID : SB17.I1906
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EMPLOYEE SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 3500.00
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement EMPLOYEE SALARY	Transaction ID : SB17.I1922
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EMPLOYEE SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 3500.00
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement EMPLOYEE SALARY	Transaction ID : SB17.I1936
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EMPLOYEE SALARY
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address <b>56 COUNTRY CLUB DRIVE</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>FLORIDA</b> State <b>NY</b> Zip Code <b>10921</b>	Purpose of Disbursement <b>EMPLOYEE SALARY</b>	<b>Transaction ID : SB17.I1950</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>EMPLOYEE SALARY</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2014</b>
Mailing Address <b>56 COUNTRY CLUB DRIVE</b>		Amount of Each Disbursement this Period <b>3500.00</b>
City <b>FLORIDA</b> State <b>NY</b> Zip Code <b>10921</b>	Purpose of Disbursement <b>EMPLOYEE SALARY</b>	<b>Transaction ID : SB17.I1962</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>EMPLOYEE SALARY</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. EDWARD W. BRANCATI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2014</b>
Mailing Address <b>10 WILD OAKS ROAD, #201</b>		Amount of Each Disbursement this Period <b>286.33</b>
City <b>GOLDENS BRIDGE</b> State <b>NY</b> Zip Code <b>10526</b>	Purpose of Disbursement <b>EXPENSE REIMBURSEMENT: SEE BELOW</b>	<b>Transaction ID : SB17.I1913</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>EXPENSE REIMBURSEMENT: SEE BELOW</b>
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6286.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. VOCALOCITY INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1375 PEACHTREE ST., NE, #175		Amount of Each Disbursement this Period 286.33
City ATLANTA State GA Zip Code 30309	Purpose of Disbursement TELEPHONE SERVICES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1914</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		<b>[MEMO ITEM]</b> TELEPHONE SERVICES

Full Name (Last, First, Middle Initial) <b>B. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2000.00
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement EMPLOYEE SALARY	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1907</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		EMPLOYEE SALARY

Full Name (Last, First, Middle Initial) <b>C. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2000.00
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement EMPLOYEE SALARY	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1923</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		EMPLOYEE SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2000.00
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement EMPLOYEE SALARY	
Candidate Name		Transaction ID : SB17.I1934
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EMPLOYEE SALARY

Full Name (Last, First, Middle Initial) <b>B. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2000.00
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement EMPLOYEE SALARY	
Candidate Name		Transaction ID : SB17.I1935
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EMPLOYEE SALARY

Full Name (Last, First, Middle Initial) <b>C. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2000.00
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement EMPLOYEE SALARY	
Candidate Name		Transaction ID : SB17.I1951
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EMPLOYEE SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. 121 RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 24 / 2014</b>
Mailing Address <b>2 DINGLE RIDGE ROAD</b>		Amount of Each Disbursement this Period <b>1503.25</b>
City <b>NORTH SALEM</b>	State <b>NY</b>	Zip Code <b>10560</b>
Purpose of Disbursement <b>FOOD &amp; BEVERAGE</b>	Transaction ID : <b>SB17.I1901</b>	
Candidate Name	Category/Type <b>FOOD &amp; BEVERAGE</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS SETTLEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 06 / 2014</b>
Mailing Address <b>P.O. BOX 53852</b>		Amount of Each Disbursement this Period <b>105.57</b>
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85072</b>
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEES</b>	Transaction ID : <b>SB17.I1905</b>	
Candidate Name	Category/Type <b>CREDIT CARD PROCESSING FEES</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS SETTLEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 05 / 2014</b>
Mailing Address <b>P.O. BOX 53852</b>		Amount of Each Disbursement this Period <b>313.34</b>
City <b>PHOENIX</b>	State <b>AZ</b>	Zip Code <b>85072</b>
Purpose of Disbursement <b>CREDIT CARD PROCESSING FEES</b>	Transaction ID : <b>SB17.I1930</b>	
Candidate Name	Category/Type <b>CREDIT CARD PROCESSING FEES</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1922.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN EXPRESS SETTLEMENT**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 03 / 05 / 2014

Amount of Each Disbursement this Period: 422.85

Transaction ID : SB17.I1943

CREDIT CARD PROCESSING FEES

Full Name (Last, First, Middle Initial)  
**B. BSB SOLUTIONS**

Mailing Address 3538 SOUTH WAKEFIELD ST.

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 02 / 24 / 2014

Amount of Each Disbursement this Period: 2022.86

Transaction ID : SB17.I1903

COMPLIANCE SERVICES

Full Name (Last, First, Middle Initial)  
**C. BSB SOLUTIONS**

Mailing Address 3538 SOUTH WAKEFIELD ST.

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 01 / 02 / 2014

Amount of Each Disbursement this Period: 2017.11

Transaction ID : SB17.I1915

COMPLIANCE SERVICES

**SUBTOTAL** of Disbursements This Page (optional)..... 4462.82

**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 103 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. BSB SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Transaction ID : SB17.I1926	
Purpose of Disbursement COMPLIANCE SERVICES	Category/Type	COMPLIANCE SERVICES
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 5055 SEMINARY ROAD, #612		Amount of Each Disbursement this Period 899.00
City ALEXANDRIA State VA Zip Code 22311	Transaction ID : SB17.I1900	
Purpose of Disbursement CAMPAIGN SOFTWARE	Category/Type	CAMPAIGN SOFTWARE
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 5055 SEMINARY ROAD, #612		Amount of Each Disbursement this Period 800.00
City ALEXANDRIA State VA Zip Code 22311	Transaction ID : SB17.I1902	
Purpose of Disbursement CAMPAIGN SOFTWARE	Category/Type	CAMPAIGN SOFTWARE
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3699.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY <b>02 / 05 / 2014</b>
Mailing Address <b>5055 SEMINARY ROAD, #612</b>		Amount of Each Disbursement this Period 800.00
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22311</b>	Purpose of Disbursement <b>CAMPAIGN SOFTWARE</b>	<b>Transaction ID : SB17.I1918</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CAMPAIGN SOFTWARE</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY <b>03 / 21 / 2014</b>
Mailing Address <b>5055 SEMINARY ROAD, #612</b>		Amount of Each Disbursement this Period 800.00
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22311</b>	Purpose of Disbursement <b>CAMPAIGN SOFTWARE</b>	<b>Transaction ID : SB17.I1959</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>CAMPAIGN SOFTWARE</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. EXECUTIVE STAR</b>		Date of Disbursement MM / DD / YYYY <b>02 / 06 / 2014</b>
Mailing Address <b>180 E. PROSPECT AVENUE</b>		Amount of Each Disbursement this Period 8760.39
City <b>MAMARONECK</b>	State <b>NY</b>	
Zip Code <b>10543</b>	Purpose of Disbursement <b>DIRECT MAIL SERVICES</b>	<b>Transaction ID : SB17.I1910</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>DIRECT MAIL SERVICES</b>
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10360.39
<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 105 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. GUERILLA DYNAMICS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 83 CRANBERRY DRIVE		Amount of Each Disbursement this Period 1697.00
City HOPEWELL JUNCTION	State NY Zip Code 12533	
Purpose of Disbursement COMPUTER EQUIPMENT	Category/Type	<b>Transaction ID : SB17.I1899</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPUTER EQUIPMENT
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 10000.00
City PRINCETON	State NJ Zip Code 08540	
Purpose of Disbursement MEDIA CONSULTING	Category/Type	<b>Transaction ID : SB17.I1897</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEDIA CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 10000.00
City PRINCETON	State NJ Zip Code 08540	
Purpose of Disbursement MEDIA CONSULTING	Category/Type	<b>Transaction ID : SB17.I1909</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEDIA CONSULTING
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21697.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 16 / 2014</b>
Mailing Address <b>5 MAPLETON ROAD, SUITE 300</b>		Amount of Each Disbursement this Period <b>10000.00</b>
City <b>PRINCETON</b>	State <b>NJ</b>	Zip Code <b>08540</b>
Purpose of Disbursement <b>MEDIA CONSULTING</b>	Category/Type <b>MEDIA CONSULTING</b>	
Candidate Name	Transaction ID : <b>SB17.I1916</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. LEXINGTON PUBLIC AFFAIRS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2014</b>
Mailing Address <b>1222 COMMERCE STREET, #1215</b>		Amount of Each Disbursement this Period <b>6000.00</b>
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75201</b>
Purpose of Disbursement <b>PETITION CONSULTING</b>	Category/Type <b>PETITION CONSULTING</b>	
Candidate Name	Transaction ID : <b>SB17.I1924</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. MEDIA SOLSTICE MARKETING &amp; PUBLIC RELATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2014</b>
Mailing Address <b>158 PIKE STREET, STE 5</b>		Amount of Each Disbursement this Period <b>6600.00</b>
City <b>PORT JERVIS</b>	State <b>NY</b>	Zip Code <b>12771</b>
Purpose of Disbursement <b>MEDIA CONSULTING</b>	Category/Type <b>MEDIA CONSULTING</b>	
Candidate Name	Transaction ID : <b>SB17.I1912</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>22600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)  
**A. MEDIA SOLSTICE MARKETING & PUBLIC RELATIONS**

Mailing Address 158 PIKE STREET, STE 5

City PORT JERVIS State NY Zip Code 12771

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 03 / 10 / 2014

Amount of Each Disbursement this Period: 5532.79

Transaction ID : SB17.I1927

Category/Type: MEDIA CONSULTING

Full Name (Last, First, Middle Initial)  
**B. MERCHANT SERVICES**

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 01 / 02 / 2014

Amount of Each Disbursement this Period: 563.53

Transaction ID : SB17.I1904

Category/Type: CREDIT CARD PROCESSING FEES

Full Name (Last, First, Middle Initial)  
**C. MERCHANT SERVICES**

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 02 / 03 / 2014

Amount of Each Disbursement this Period: 630.80

Transaction ID : SB17.I1928

Category/Type: CREDIT CARD PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional) ..... 6727.12

**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 108 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial)  
**A. MERCHANT SERVICES**

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 584.17

Transaction ID : SB17.I1942

CREDIT CARD PROCESSING FEES

Full Name (Last, First, Middle Initial)  
**B. NEW YORK STATE INSURANCE FUND**

Mailing Address 105 CORPORATE PARK DRIVE, #200

City WHITE PLAINS State NY Zip Code 10604

Purpose of Disbursement DISABILITY INSURANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 03 / 10 / 2014

Amount of Each Disbursement this Period: 115.73

Transaction ID : SB17.I1925

DISABILITY INSURANCE

Full Name (Last, First, Middle Initial)  
**C. ORANGE & ROCKLAND**

Mailing Address 390 WEST ROUTE 59

City SPRING VALLEY State NY Zip Code 10977

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 384.77

Transaction ID : SB17.I1898

UTILITIES

**SUBTOTAL** of Disbursements This Page (optional) ..... 1084.67

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 94.00 <b>Transaction ID : SB17.I1885</b>
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name	Category/Type	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 790.86 <b>Transaction ID : SB17.I1908</b>
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 77.09 <b>Transaction ID : SB17.I1919</b>
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name	Category/Type	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	916.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 294.44
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1920
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 790.86
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1921
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 77.09
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1931
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1162.39
<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 111 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 281.70
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1932
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 757.46
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1933
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 77.09
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1948
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1116.25
<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 112 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address <b>911 PANORAMA TRAIL, S.</b>		Amount of Each Disbursement this Period <b>538.35</b>
City <b>ROCHESTER</b>	State <b>NY</b>	Zip Code <b>14625</b>
Purpose of Disbursement <b>PAYROLL TAXES</b>	Category/Type <b>PAYROLL TAXES</b>	
Candidate Name	Transaction ID : <b>SB17.I1949</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2014</b>
Mailing Address <b>911 PANORAMA TRAIL, S.</b>		Amount of Each Disbursement this Period <b>265.15</b>
City <b>ROCHESTER</b>	State <b>NY</b>	Zip Code <b>14625</b>
Purpose of Disbursement <b>PAYROLL TAXES</b>	Category/Type <b>PAYROLL TAXES</b>	
Candidate Name	Transaction ID : <b>SB17.I1963</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. SHOWMASTER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2014</b>
Mailing Address <b>194 MAIN STREET</b>		Amount of Each Disbursement this Period <b>2850.00</b>
City <b>HURLEYVILLE</b>	State <b>NY</b>	Zip Code <b>12747</b>
Purpose of Disbursement <b>EQUIPMENT RENTAL</b>	Category/Type <b>EQUIPMENT RENTAL</b>	
Candidate Name	Transaction ID : <b>SB17.I1895</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3653.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. TRUST U/L/W/T/O ANDREW L. PALMER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 03 / 2014</b>
Mailing Address <b>P.O. BOX 489</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>CHESTER</b> State <b>NY</b> Zip Code <b>10918</b>	Purpose of Disbursement <b>RENT</b>	<b>Transaction ID : SB17.I1896</b>
Candidate Name	Category/Type	<b>RENT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>B. TRUST U/L/W/T/O ANDREW L. PALMER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 05 / 2014</b>
Mailing Address <b>P.O. BOX 489</b>		Amount of Each Disbursement this Period <b>3000.00</b>
City <b>CHESTER</b> State <b>NY</b> Zip Code <b>10918</b>	Purpose of Disbursement <b>RENT</b>	<b>Transaction ID : SB17.I1911</b>
Candidate Name	Category/Type	<b>RENT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 04 / 2014</b>
Mailing Address <b>41 S. MOGER AVENUE</b>		Amount of Each Disbursement this Period <b>30.00</b>
City <b>MOUNT KISCO</b> State <b>NY</b> Zip Code <b>10549</b>	Purpose of Disbursement <b>BANK FEE</b>	<b>Transaction ID : SB17.I1929</b>
Candidate Name	Category/Type	<b>BANK FEE</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: <b>00</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4030.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEE	
Candidate Name		Transaction ID : SB17.I1937
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEE

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEE	
Candidate Name		Transaction ID : SB17.I1938
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEE

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEE	
Candidate Name		Transaction ID : SB17.I1960
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

Full Name (Last, First, Middle Initial) <b>A. WILEY REIN, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2014</b>
Mailing Address <b>1776 K STREET, NW</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20006</b>	Purpose of Disbursement <b>LEGAL SERVICES</b>	<b>Transaction ID : SB17.11958</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>00</b>	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>LEGAL SERVICES</b>

Full Name (Last, First, Middle Initial) <b>B.</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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>115278.58</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : SC 14

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Nan Hayworth</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>PRIMARY 2010</b>
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	48000.00	62000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 26 / 2009	due on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	62000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

Transaction ID : SC 15

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼  
PRIMARY 2010

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

### TERMS

Date Incurred: M 09 / D 30 / Y 2009  
 Date Due: M / D / Y due on demand  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	40000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

Transaction ID : SC 16

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼  
PRIMARY 2010

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000.00 0.00 100000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 31 / Y 2009 M M / D D / Y Y Y Y due on demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 100000.00

**TOTALS** This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

Transaction ID : SC 28

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼  
GENERAL 2010

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	15500.00	134500.00

**TERMS**

Date Incurred: M 03 / D 31 / Y 2010  
Date Due: M / D / Y due on demand  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	134500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

Transaction ID : SC 30

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼  
GENERAL 2010

Mailing Address  
P.O. Box 189

City State ZIP Code  
Mount Kisco NY 10549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:  
06 / 30 / 2010 M M / D D / due on demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

SUBTOTALS This Period This Page (optional)..... 100000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 32**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Nan Hayworth</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>GENERAL 2012</b>
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 29 / Y 2012	M / D / Y due on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : AC 35

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Nan Hayworth</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General - 2012
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10033.45	0.00	10033.45

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 18 / Y 2012	M M / D D / Y on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	10033.45
<b>TOTALS</b> This Period (last page in this line only).....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC 33  
**Friends of Nan Hayworth**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Nan Hayworth</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General - 2012
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
63500.00	0.00	63500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 21 / Y 2012	M M / D D / due on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	63500.00
<b>TOTALS</b> This Period (last page in this line only).....	

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Nan Hayworth

Transaction ID : SC 34

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2012

Primary  
 General  
 Other (specify) ▼  
General - 2012

Mailing Address  
P.O. Box 394

City State ZIP Code  
Fishkill NY 12524

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
50000.00 0.00 50000.00

### TERMS

Date Incurred Date Due Interest Rate Secured:  
M 04 / D 22 / Y 2013 M M / D D / due on demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : SC 35

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Nan Hayworth	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary - 2014
Mailing Address PO Box 394	
City State ZIP Code Fishkill NY 12524	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8527.39	0.00	8527.39

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 30 / Y 2013 Y	M M / D D / Y Y Y Y due on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	8527.39
<b>TOTALS</b> This Period (last page in this line only).....	668560.84

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Friends of Nan Hayworth**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cablevision</b>	Nature of Debt (Purpose): Cable Television
Mailing Address P.O. Box 9256	
City State Zip Code Chelsea MA 02150	

Outstanding Balance Beginning This Period 149.33	<b>Transaction ID : 3</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Solutions</b>	Nature of Debt (Purpose): online fundraising / web hosting
Mailing Address 117 North Saint Asaph Street	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 1758.84	<b>Transaction ID : 4</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1758.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1758.64
2) <b>TOTALS</b> This Period (last page this line number only) .....	1758.64
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	668560.84
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	670319.48