

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))....	181089.58	1820739.95
(b) Total Contribution Refunds (from Line 20(d))	1300.00	10171.90
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	179789.58	1810568.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	200537.45	722301.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	149.00	500.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	200388.45	721801.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1260980.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	500000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Nan Hayworth

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	55990.00	883936.22
(ii) Unitemized.....	2407.25	47147.62
(iii) TOTAL of contributions from individuals ▶	58397.25	931083.84
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	122692.33	884656.11
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	181089.58	1820739.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	9978.95	83326.10
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	149.00	500.40
15. OTHER RECEIPTS (Dividends, Interest, etc.)	318.12	1164.20
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	191535.65	1905730.65

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	200537.45	722301.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1300.00	9945.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	226.90
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1300.00	10171.90
21. OTHER DISBURSEMENTS	0.00	15000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	201837.45	747473.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1271282.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	191535.65
25. SUBTOTAL (add Line 23 and Line 24).....	1462817.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	201837.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1260980.33

**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 140
	<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)
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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : SA11.5246

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL ANDREWS

Mailing Address 186 WEST MOUNT AIRY ROAD

City CROTON ON HUDSON State NY Zip Code 10520-3309

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5401

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHAWN L. AUCHMOODY

Mailing Address 11 ROBINSON LANE

City WAPPINGERS FALLS State NY Zip Code 12590-6315

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

Name of Employer A.S.O. LIMOUSINE SERVICE, INC. Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : SA11.5243

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1200.00

**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 140
	<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)
SHAWN L. AUCHMOODY

Mailing Address 11 ROBINSON LANE

City State Zip Code
WAPPINGERS FALLS NY 12590-6315

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

Name of Employer Occupation
A.S.O. LIMOUSINE SERVICE, INC. OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11.5278

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL K. BENSON

Mailing Address 20 LOUDONVILLE RD.

City State Zip Code
ALBANY NY 12204-1509

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

Name of Employer Occupation
BCI CONSTRUCTION OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11.5326

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUSAN CAROLINE BIERBAUM

Mailing Address 180 CENTRAL PARK S.

City State Zip Code
NEW YORK NY 10019-1562

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

Name of Employer Occupation
EMPIRE ATHLETICS, LLC PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11.5313

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 7 OF 140
	<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)
MR. GARY R. BRADFORD

Mailing Address 352 RIVER RD. N.

City State Zip Code
WAPPINGERS FALLS NY 12590-5496

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

Name of Employer Occupation
ALTOS STAR, LTD. PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2012

Transaction ID : SA11.5521

Amount of Each Receipt this Period
1600.00

CONTRIBUTION

IN-KIND: COPIER

B. Full Name (Last, First, Middle Initial)
FREDERIC BROWN

Mailing Address 6200 OREGON AVE NW #254

City State Zip Code
WASHINGTON DC 20015-1535

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

Name of Employer Occupation
RETIRED US ARMY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11.5329

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALBERT W. BUCKBEE II

Mailing Address 75 BELLVALE LAKES ROAD

City State Zip Code
WARWICK NY 10990-3724

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

Name of Employer Occupation
BELLVALE FARMS FARMER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : SA11.5494

Amount of Each Receipt this Period
500.00

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 8 OF 140
	<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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11.5248

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EVA CHALAS

Mailing Address **10 PRESTON LANE**

City **SETAUKET** State **NY** Zip Code **11733-3209**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 02 / 2012

Transaction ID : SA11.5159

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NICOLAS CHASE

Mailing Address **32 STAPLETON COURT**

City **MIDDLETOWN** State **NY** Zip Code **10940-6778**

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

Name of Employer **ENTERGY** Occupation **NUCLEAR PLANT OPERATOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 13 / 2012

Transaction ID : SA11.5283

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 9 OF 140
	<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)
ROBERT C. CIARDULLO

Mailing Address 135 OSBORN ROAD

City HARRISON State NY Zip Code 10528-1017

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11.5381

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PAUL A. COLARUSSO

Mailing Address 1544 STATE ROUTE 203

City CHATHAM State NY Zip Code 12037-1708

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

Name of Employer A. COLARUSSO & SON INC. Occupation EXEC. VICE PRES.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11.5324

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 241 NINHAM ROAD

City KENT LAKES State NY Zip Code 10512-3523

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

Name of Employer SELF-EMPLOYED Occupation WRITER/EDITOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2012

Transaction ID : SA11.5230

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: (check only one)	PAGE 10 OF 140
	<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)
INGRID A. CONNOLLY

Mailing Address **P.O. BOX 97**

City **WACCABUC** State **NY** Zip Code **10597-0097**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1185.84

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2012

Transaction ID : SA11.5348

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN CONNOLLY

Mailing Address **42 WEST 24TH ST**

City **NEW YORK** State **NY** Zip Code **10010-3201**

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

Name of Employer **CASTLE CONNOLLY MEDICAL LTD.** Occupation **RESEARCH ,PUBLISHING**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11.5250

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VINCENT DERAMO

Mailing Address **600 NORTHERN BLVD., #216**

City **GREAT NECK** State **NY** Zip Code **11021-5200**

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

Name of Employer **LIVR** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11.5258

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

700.00

**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 140
	<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) A. MR. JEFFREY L. DISTEFANO		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2012	
Mailing Address 659 KRUMKILL ROAD		Transaction ID : SA11.5323	
City ALBANY	State NY	Zip Code 12203-5975	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer HARRISON & BURROWES	Occupation VICE PRES. AND CHIEF OPER OFFICER		
Receipt For: 2012 <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. ANDREW J. ENTWISTLE		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2012	
Mailing Address 69 GIRDLE RIDGE RD		Transaction ID : SA11.5260	
City KATONAH	State NY	Zip Code 10536-3814	Amount of Each Receipt this Period 2500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer ENTWISTLE & CAPPUCCI LLP	Occupation ATTORNEY		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) C. MR. JOHN D. EYLERS		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2012	
Mailing Address P.O. BOX 318		Transaction ID : SA11.5274	
City WESTBROOKVILLE	State NY	Zip Code 12785-0318	Amount of Each Receipt this Period 100.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 140
	<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 D. EYLERS

Mailing Address P.O. BOX 318

City WESTBROOKVILLE State NY Zip Code 12785-0318

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 **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : SA11.5352

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH FARBER

Mailing Address 29 CEDAR DRIVE

City GREAT NECK State NY Zip Code 11021-1931

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

Name of Employer FARBER, ROSEN & KAUFMAN Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11.5327

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address 25 WEST DEER TRAIL

City PAWLING State NY Zip Code 12564-2169

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

Name of Employer WESTCHESTER MEDICAL SOCIETY Occupation EXECUTIVE DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : SA11.5384

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

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

900.00

**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 140
	<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)
MR. MARIO J. GABELLI

Mailing Address **45 FIELDPOINT CIRCLE**

City **GREENWICH** State **CT** Zip Code **06830-7072**

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

Name of Employer **GAMCO INC.** Occupation **MONEY MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11.5319

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK GALASSO

Mailing Address **156 OVERLOOK DRIVE**

City **COBLESKILL** State **NY** Zip Code **12043-5128**

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

Name of Employer **LANCASTER DEVELOPMENT, INC.** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 08 / 2012

Transaction ID : SA11.5279

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **6345 JAMES ROAD**

City **BETTENDORF** State **IA** Zip Code **52722-6281**

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

Name of Employer **OB/GYN SPECIALISTS** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11.5252

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 14 OF 140
	<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) JAMIE GORDON		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 628 ORIENTA AVE		Transaction ID : SA11.5363
City MAMARONECK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HOMEMAKER	Occupation N/A	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) AMEET GOYAL		Date of Receipt MM / DD / YYYY 04 / 10 / 2012
Mailing Address 167 PURCHASE STRE		Transaction ID : SA11.5150B
City RYE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1000.00
Name of Employer SELF	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) AMEET GOYAL		Date of Receipt MM / DD / YYYY 04 / 10 / 2012
Mailing Address 167 PURCHASE STRE		Transaction ID : SA11.5527
City RYE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 140
	<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 HASSE

Mailing Address **416 ROBIN ROAD**

City **CEDAR HILL** State **TX** Zip Code **75104-6402**

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

Name of Employer **DUPONT** Occupation **ESH SENIOR CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : SA11.5303

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK HEISING

Mailing Address **383 WALSH ROAD**

City **ATHERTON** State **CA** Zip Code **94027-6456**

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

Name of Employer **MEDLEY PARTNERS** Occupation **FINANCE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SA11.5504

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

EARMARKED THROUGH LEAGUE OF CONSERVATION VOTERS ACTION FUND. CONDUIT RECEIVED 6/6/2012

C. Full Name (Last, First, Middle Initial)
LEAGUE OF CONSERVATION VOTERS ACTION FUND

Mailing Address **1920 L Street, NW, Ste. 800**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00252940**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

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

Transaction ID : SA11.5504b

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
 total earmarked through conduit. PAC limit not affected.

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 16 OF 140
	<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)
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 PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2060.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11.5281

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN HOUSE

Mailing Address 1713 DOWLING DRIVE

City IRVING State TX Zip Code 75038-5949

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

Name of Employer USMD Occupation CHAIRMAN & CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2012

Transaction ID : SA11.5162

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 708 ROARING SPRINGS RD

City FORT WORTH State TX Zip Code 76114-4422

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

Name of Employer MCNT Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2012

Transaction ID : SA11.5158

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: PAGE 17 OF 140
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PAUL JOHNSON
 Mailing Address 19 BRADFORD COURT
 City State Zip Code
BREWSTER NY 10509-4935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
VERIZON FINANCE
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 23 2012
Transaction ID : SA11.5307
 Amount of Each Receipt this Period
50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCOTT A. KAMINS
 Mailing Address 6825 CHERRY LANE
 City State Zip Code
ANNANDALE VA 22003-5911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
PRIME POLICY GROUP DIRECTOR
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 17 2012
Transaction ID : SA11.5290
 Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT KARSTEN, DDS
 Mailing Address 121 EAAST 60TH STREET, 9A
 City State Zip Code
KATONAH NY 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SELF DENTIST
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 30 2012
Transaction ID : SA11.5255
 Amount of Each Receipt this Period
500.00
 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 18 OF 140
	<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)
THERESA KILMAN

Mailing Address **45 TOWER HILL ROAD**

City **SCARBOROUGH** State **NY** Zip Code **10510-2559**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5394

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : SA11.5386

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. 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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4580.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : SA11.5337

Amount of Each Receipt this Period
416.00
 CONTRIBUTION

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

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

1916.00

**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 140
	<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)
MR. 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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4580.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : SA11.5337B

Amount of Each Receipt this Period
-416.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
MR. 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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4580.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : SA11.5479

Amount of Each Receipt this Period
416.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
MR. 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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4580.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 05 / 2012

Transaction ID : SA11.5343

Amount of Each Receipt this Period
416.00

CONTRIBUTION

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

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

416.00

**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 140
	<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) MR. LEWIS KOHL		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2012
Mailing Address 279 HAWLEY ROAD		Transaction ID : SA11.5343B
City NORTH SALEM	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -416.00
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4580.00	[MEMO ITEM] REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) MR. LEWIS KOHL		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2012
Mailing Address 279 HAWLEY ROAD		Transaction ID : SA11.5480
City NORTH SALEM	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4580.00	[MEMO ITEM] REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial) MR. LEWIS KOHL		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2012
Mailing Address 279 HAWLEY ROAD		Transaction ID : SA11.5474
City NORTH SALEM	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4580.00	

SUBTOTAL of Receipts This Page (optional).....	416.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 21 OF 140
(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)
MELISSA 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 **LAWRENCE HOSPITAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5264.00

Date of Receipt
 / /

Transaction ID : SA11.5335

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MELISSA 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 **LAWRENCE HOSPITAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5264.00

Date of Receipt
 / /

Transaction ID : SA11.5336

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MELISSA 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 **LAWRENCE HOSPITAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5264.00

Date of Receipt
 / /

Transaction ID : SA11.5342

Amount of Each Receipt this Period

CONTRIBUTION

MEMO: EXCESS CONTRIBUTION TO BE REFUNDED WITHIN 60 DAYS

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

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

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 11e 15
 PAGE 22 OF 140

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
GREGORY LA SORSA
 Mailing Address 254 INCREASE MILLER ROAD
 City State Zip Code
 KATONAH NY 10536-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LA SORSA & BENEVENTANO ATTORNEY
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : SA11.5400
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS LEE
 Mailing Address 90 SAGAMORE ROAD
 City State Zip Code
 BRONXVILLE NY 10708-1505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012
Transaction ID : SA11.5385
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HARRISON TUCKER LEFRAK
 Mailing Address 40 WEST 57TH STREET
 City State Zip Code
 NEW YORK NY 10019-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LEFRAK ORGANIZATION EXECUTIVE
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012
Transaction ID : SA11.5318
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

3750.00

**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 140
	<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 LEONARD

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City ATLANTA	State GA	Zip Code 30350-1085
-----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

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

Transaction ID : SA11.5390

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEROME LEVY

Mailing Address 1101 PELHAM PARKWAY NORTH

City BRONX	State NY	Zip Code 10469-5411
---------------	-------------	------------------------

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

Name of Employer NEW YORK EYE SURGERY CENTER	Occupation SURGEON DIRECTOR
---	--------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : SA11.5272

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PETER LEVY

Mailing Address 18 MAYFAIR LANE

City GREENWICH	State CT	Zip Code 06831-3640
-------------------	-------------	------------------------

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

Name of Employer KAMBER MANAGEMENT COMPANY LLC	Occupation REAL ESTATE
---	---------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11.5300

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

450.00

**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 140
	<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)
PETER LI

Mailing Address **FEI TIAN COLLEGE**

City **CUDEBACKVILLE** State **NY** Zip Code **12729**

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

Name of Employer **FEI TIAN COLLEGE** Occupation **PROFESSOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 02 / 2012

Transaction ID : SA11.5268

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **2101 EASTOVER DRIVE**

City **JACKSON** State **MS** Zip Code **39211-6720**

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

Name of Employer **UNIVERSITY OF MISSISSIPPI MEDICAL CEN** Occupation **OBYGN SUBSPECIALIST IN MATERNAL-FET**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 24 / 2012

Transaction ID : SA11.5242

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EVON MAURIELLO

Mailing Address **1 FRANKLIN AVENUE, #3B**

City **WHITE PLAINS** State **NY** Zip Code **10601-3851**

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

Name of Employer **VILLAGE OF PLEASANTVILLE** Occupation **OFFICE MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
415.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 05 / 2012

Transaction ID : SA11.5334

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

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

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

785.00

**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 25 OF 140
	<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)
EVON MAURIELLO

Mailing Address **1 FRANKLIN AVENUE, #3B**

City **WHITE PLAINS** State **NY** Zip Code **10601-3851**

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

Name of Employer **VILLAGE OF PLEASANTVILLE** Occupation **OFFICE MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **415.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 05 / 2012

Transaction ID : SA11.5341

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EVON MAURIELLO

Mailing Address **1 FRANKLIN AVENUE, #3B**

City **WHITE PLAINS** State **NY** Zip Code **10601-3851**

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

Name of Employer **VILLAGE OF PLEASANTVILLE** Occupation **OFFICE MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **415.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : SA11.5473

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL MILLETTE

Mailing Address **P.O. BOX 7138**

City **GARDEN CITY** State **NY** Zip Code **11530-7138**

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

Name of Employer **INVESTMENT BANKER** Occupation **GOLDMAN SACHS**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : SA11.5359

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

570.00

**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 140
	<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)
HARRY MOEHRING

Mailing Address 1225 ALBANY POST ROAD

City State Zip Code
CROTON ON HUDSON NY 10520-1565

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

Name of Employer Occupation
MORGAN STANLEY PROJECT MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11.5330

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER A. PADILLA

Mailing Address 5902 MELVERN DR.

City State Zip Code
BETHESDA MD 20817-2510

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

Name of Employer Occupation
IBM VP, GOVT PROGRAMS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11.5295

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SCOTT M. PAWENSKI

Mailing Address 9 FAIR OAKS DRIVE

City State Zip Code
POUGHKEEPSIE NY 12603-5442

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

Name of Employer Occupation
EMBROIDME OF POUGHKEEPSIE OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
575.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : SA11.5247

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 27 OF 140
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 11e 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. ROSS J. PEPE

Mailing Address 629 WHITE PLAINS ROAD

City State Zip Code
TARRYTOWN NY 10591

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

Name of Employer Occupation
CONSTRUCTION IND. COUNCIL PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11.5325

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JANUSZ Z. RUDNICKI

Mailing Address 20 MANOR DRIVE

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 PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : SA11.5333

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JANUSZ Z. RUDNICKI

Mailing Address 20 MANOR DRIVE

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 PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : SA11.5333B

Amount of Each Receipt this Period
 -300.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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 28 OF 140
	<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)
JANUSZ Z. RUDNICKI

Mailing Address **20 MANOR DRIVE**

City **GOLDENS BRIDGE** State **NY** Zip Code **10526-1204**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11.5520

Amount of Each Receipt this Period
300.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
NICHOLAS J. RUMMO

Mailing Address **638 DANBURY ROAD, #48**

City **RIDGEFIELD** State **CT** Zip Code **06877-2728**

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

Name of Employer **NORTHERN WESTCHESTER HOSPITAL** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : SA11.5350

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEPHEN P. SCHAIBLE

Mailing Address **1016 FIFTH AVENUE, #10D**

City **NEW YORK** State **NY** Zip Code **10028-0132**

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

Name of Employer **EVERCORE PARTNERS** Occupation **BANKER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2012

Transaction ID : SA11.5229

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Comment: excess contribution refunded 6/8/2012

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 140
	<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 1016 FIFTH AVENUE, #10D

City NEW YORK State NY Zip Code 10028-0132

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

Name of Employer EVERCORE PARTNERS Occupation BANKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11.5229B

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
STEPHEN P. SCHAIBLE

Mailing Address 1016 FIFTH AVENUE, #10D

City NEW YORK State NY Zip Code 10028-0132

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

Name of Employer EVERCORE PARTNERS Occupation BANKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11.5525

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
TOM SCHOSSAU

Mailing Address 192 GARTH ROAD, #60

City SCARSDALE State NY Zip Code 10583-3814

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

Name of Employer SELF-EMPLOYED Occupation ENGINEER/PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11.5349

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

500.00

**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 140
	<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. ALAN SEIDMAN

Mailing Address P.O. BOX 371

City State Zip Code
SALISBURY MILLS NY 12577-0371

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

Name of Employer Occupation
ORANGE COUNTY LEGISLATOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11.5322

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JORGE SIERRA

Mailing Address 140 ELGAR PL

City State Zip Code
BRONX NY 10475-5201

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

Name of Employer Occupation
CITY OF NEW YORK CHILD PROTECTIVE CASEWORK SUPERVIS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11.5282

Amount of Each Receipt this Period
225.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN T. SINNOTT

Mailing Address 77 OLD LOGGING ROAD

City State Zip Code
BEDFORD NY 10506-1604

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : SA11.5374

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1725.00

**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 140
	<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. SHIMON A. STEIN

Mailing Address 2500 Q STREET, NW, APT. 102

City WASHINGTON State DC Zip Code 20007-4311

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

Name of Employer **BLANK ROME GOVT RELATIONS** Occupation **PRINCIPAL**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11.5296

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SOLOMON S. STEINER

Mailing Address 24 OLD WAGON ROAD

City MOUNT KISCO State NY Zip Code 10549-4901

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

Name of Employer **STEINER VENTURES** Occupation **MANAGING PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11.5302

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SOLOMON S. STEINER

Mailing Address 24 OLD WAGON ROAD

City MOUNT KISCO State NY Zip Code 10549-4901

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

Name of Employer **STEINER VENTURES** Occupation **MANAGING PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : SA11.5302B

Amount of Each Receipt this Period
 -2500.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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 32 OF 140
	<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)
SOLOMON S. STEINER

Mailing Address **24 OLD WAGON ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-4901**

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

Name of Employer **STEINER VENTURES** Occupation **MANAGING PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5560.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : SA11.5526

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

[MEMO ITEM]
 EXCESS CONTRIBUTION TO BE REFUNDED WITHIN 60 DAYS REDESIGNATION FROM PRIMARY

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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2012

Transaction ID : SA11.5291

Amount of Each Receipt this Period
500.00

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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1385.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11.5256

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

550.00

**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 140
	<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
1385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : SA11.5338

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : SA11.5339

Amount of Each Receipt this Period
 35.00
 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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012

Transaction ID : SA11.5340

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

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

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

110.00

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

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

FOR LINE NUMBER: PAGE 34 OF 140
(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)
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
1385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2012

Transaction ID : SA11.5344

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2012

Transaction ID : SA11.5345

Amount of Each Receipt this Period
 35.00
 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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2012

Transaction ID : SA11.5346

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

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

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

110.00

**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 35 OF 140
	<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
1385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : SA11.5475

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : SA11.5476

Amount of Each Receipt this Period
 35.00
 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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : SA11.5477

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

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

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

110.00

**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 36 OF 140
	<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. JOSEPH TARTAGLIA

Mailing Address **1 KEANE COURT**

City **RYE** State **NY** Zip Code **10580-1144**

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

Name of Employer **JOSEPH JOHN TARTAGLIA, M.D., P.C.** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : SA11.5383

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
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 **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11.5253

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

EXCESS CONTRIBUTION TO BE REFUNDED WITHIN 60 DAYS

C. Full Name (Last, First, Middle Initial)
MR. ANDREW H. TISCH

Mailing Address **667 MADISON AVE.**

City **NEW YORK** State **NY** Zip Code **10065-8029**

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

Name of Employer **LOEWS CORP.** Occupation **CHAIR, EXEC. COMM.**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11.5317

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: PAGE 37 OF 140
(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)
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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : SA11.5269

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

EXCESS CONTRIBUTION TO BE REFUNDED WITHIN 60 DAYS

B. Full Name (Last, First, Middle Initial)
GREGORY ZAGORIN

Mailing Address 901 18TH ST S

City ARLINGTON State VA Zip Code 22202-2603

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 13 / 2012

Transaction ID : SA11.5284

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DEAN ZARRAS

Mailing Address 12 OLD LOGGING ROAD

City BEDFORD State NY Zip Code 10506-1625

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

Name of Employer SESCO ENTERPRISES, LLC Occupation C.T.O.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

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

Transaction ID : SA11.5404

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 39 OF 140
	<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)
ANDY HARRIS FOR CONGRESS

Mailing Address 13401 REDCOAT LANE

City PHOENIX State MD Zip Code 21131-2109

FEC ID number of contributing federal political committee. **C C00435974**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5448

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AUSTIN SCOTT FOR CONGRESS

Mailing Address P.O. BOX 2530

City TIFTON State GA Zip Code 31793-2530

FEC ID number of contributing federal political committee. **C C00482737**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5453

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BILL SHUSTER FOR CONGRESS

Mailing Address P.O. BOX 27

City HOLLIDAYSBURG State PA Zip Code 16648-0027

FEC ID number of contributing federal political committee. **C C00364935**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5446

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 40 OF 140
	<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 SHUSTER FOR CONGRESS

Mailing Address P.O. BOX 27

City: HOLLIDAYSBURG State: PA Zip Code: 16648-0027

FEC ID number of contributing federal political committee: **C C00364935**

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.5447

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CANDICE MILLER FOR CONGRESS

Mailing Address P.O. 182152

City: SHELBY TOWNSHIP State: MI Zip Code: 48318

FEC ID number of contributing federal political committee: **C C00365593**

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.5451

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CONAWAY FOR CONGRESS

Mailing Address P.O. BOX 51272

City: MIDLAND State: TX Zip Code: 79710-1272

FEC ID number of contributing federal political committee: **C C00383828**

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.5442

Amount of Each Receipt this Period: 2000.00

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 41 OF 140
	<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)
FLORES FOR CONGRESS

Mailing Address P.O. BOX 6207

City BRYAN State TX Zip Code 77805-6207

FEC ID number of contributing federal political committee. **C** C00472241

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5454

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN THOMPSON

Mailing Address P.O. BOX 1066

City LEWISTOWN State PA Zip Code 17044-1066

FEC ID number of contributing federal political committee. **C** C00444620

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11.5367

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOOSIERS FOR ROKITA

Mailing Address 7643 E. U.S. 36

City AVON State IN Zip Code 46123

FEC ID number of contributing federal political committee. **C** C00476192

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5444

Amount of Each Receipt this Period
 2000.00

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 42 OF 140
	<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)
JOE WILSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 2145

City WEST COLUMBIA State SC Zip Code 29171-2145

FEC ID number of contributing federal political committee. **C** C00368522

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11.5297

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARIO DIAZ-BALART FOR CONGRESS

Mailing Address 8770 SUNSET DRIVE, #420

City MIAMI State FL Zip Code 33173-3512

FEC ID number of contributing federal political committee. **C** C00376087

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Transaction ID : SA11.5452

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARSHA BLACKBURN FOR CONGRESS

Mailing Address P.O. BOX 682185

City FRANKLIN State TN Zip Code 37068-2185

FEC ID number of contributing federal political committee. **C** C00376939

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11.5355

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 43 OF 140
	<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. NEUGEBAUER CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 54175

City LUBBOCK State TX Zip Code 79453-4175

FEC ID number of contributing federal political committee. **C C00384016**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11.5445

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. OLSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 16381

City SUGAR LAND State TX Zip Code 77496-6381

FEC ID number of contributing federal political committee. **C C00437913**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5441

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. TIM GRIFFIN FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 7526

City LITTLE ROCK State AR Zip Code 72217-7526

FEC ID number of contributing federal political committee. **C C00468116**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5455

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 44 OF 140
	<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)
TREY GOWDY FOR CONGRESS

Mailing Address 2212 EDGEFIELD RD.

City State Zip Code
SPARTANBURG SC 29302-3423

FEC ID number of contributing federal political committee. **C** C00462523

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11.5267

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1007

City State Zip Code
WILLOWS CA 95988-1007

FEC ID number of contributing federal political committee. **C** C00202523

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2012

Transaction ID : SA11.5241

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WESTCHESTER COUNTY WOMEN'S REPUBLICAN CLUB

Mailing Address 214 MAMARONECK AVE.

City State Zip Code
WHITE PLAINS NY 10601-5307

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11.5356

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 45 OF 140
	<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 PAC

Mailing Address 2052 LAKE AUDUBON COURT, #300

City RESTON State VA Zip Code 20191-4808

FEC ID number of contributing federal political committee. **C C00315747**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5424

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11.5379

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALLIANZ OF AMERICA CORP./FIREMANS FUND PAC

Mailing Address 1101 CONNECTICUT AVE., N.W., #950

City WASHINGTON State DC Zip Code 20036-4377

FEC ID number of contributing federal political committee. **C C00095109**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11.5293

Amount of Each Receipt this Period
 750.00
 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 46 OF 140
	<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)
ALTRIA GROUP, INC. PAC

Mailing Address 101 CONSTITUTION AVENUE, N.W., #40

City WASHINGTON State DC Zip Code 20001-2155

FEC ID number of contributing federal political committee. **C C00089136**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

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

Transaction ID : SA11.5500

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMER. ACADEMY OF NEUROLOGY BRAIN PAC

Mailing Address 1080 MONTREAL AVE.

City ST. PAUL State MN Zip Code 55116-2311

FEC ID number of contributing federal political committee. **C C00435933**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11.5299

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Mailing Address 25 MASSACHUSETTS AVE., NW, STE. 55

City WASHINGTON State DC Zip Code 20001-1408

FEC ID number of contributing federal political committee. **C C00173153**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : SA11.5271

Amount of Each Receipt this Period
 1000.00
 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 47 OF 140
	<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)
AMERICAN HEALTH CARE ASSOCIATION PAC

Mailing Address 1201 L STREET, NW

City WASHINGTON State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11.5262

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVENUE, N.W., #60

City WASHINGTON State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11.5382

Amount of Each Receipt this Period
 4000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN SECURITY PAC

Mailing Address 192 LIBERTY LANE

City ANNISTON State AL Zip Code 36207-2646

FEC ID number of contributing federal political committee. **C C00439521**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : SA11.5495

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

7500.00

**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 140
	<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)
ARDA-ROC PAC

Mailing Address 1201 15TH STREET, N.W., #400

City WASHINGTON State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00358663

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

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

Transaction ID : SA11.5498

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSN. FOR ADVANCED LIFE UNDERWRITING PAC

Mailing Address 11921 FREEDOM DRIVE, #1100

City RESTON State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 6500.00

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

Transaction ID : SA11.5496

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ASSN. FOR ADVANCED LIFE UNDERWRITING PAC

Mailing Address 11921 FREEDOM DRIVE, #1100

City RESTON State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 6500.00

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

Transaction ID : SA11.5497

Amount of Each Receipt this Period
 1500.00
 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 49 OF 140
	<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)
ASSOCIATION FOR FINANCIAL PROFESSIONALS

Mailing Address 4520 EAST-WEST HIGHWAY, STE 750

City: BETHESDA State: MD Zip Code: 20814-3574

FEC ID number of contributing federal political committee: **C** C00344010

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.5456

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ATLAS AIR WORLDWIDE HOLDINGS, INC. PAC

Mailing Address 2000 WESTCHESTER AVENUE

City: PURCHASE State: NY Zip Code: 10577-2530

FEC ID number of contributing federal political committee: **C** C00478099

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: 05 / 18 / 2012

Transaction ID : SA11.5294

Amount of Each Receipt this Period: 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BASF CORPORATION EMPLOYEES' PAC

Mailing Address 100 CAMPUS DRIVE

City: FLORHAM PARK State: NJ Zip Code: 07932-1020

FEC ID number of contributing federal political committee: **C** C00340075

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: 05 / 07 / 2012

Transaction ID : SA11.5275

Amount of Each Receipt this Period: 1000.00

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 50 OF 140
	<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)
BIPARTISAN PAC BANK OF NEW YORK MELLON

Mailing Address **ONE MELLON BANK CENTER**

City **PITTSBURGH** State **PA** Zip Code **15258-0001**

FEC ID number of contributing federal political committee. **C C00017558**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : SA11.5264

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRETT PAC

Mailing Address **504 DEREK AVE.**

City **ELIZABETHTOWN** State **KY** Zip Code **42701-9168**

FEC ID number of contributing federal political committee. **C C00483487**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11.5450

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CASH AMERICA INT'L. INC. PAC

Mailing Address **1600 W. 7TH STREET**

City **FORT WORTH** State **TX** Zip Code **76102-2504**

FEC ID number of contributing federal political committee. **C C00275529**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

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

Transaction ID : SA11.5429

Amount of Each Receipt this Period
2000.00
 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 51 OF 140
	<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)
CMR POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11.5232

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5500.00

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

Transaction ID : SA11.5420

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5500.00

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

Transaction ID : SA11.5421

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 52 OF 140
	<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)
COMPASS BANCSHARES PAC

Mailing Address P.O. BOX 10566

City BIRMINGHAM State AL Zip Code 35296-0001

FEC ID number of contributing federal political committee. **C** C00142596

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11.5365

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEAD. & ENT. PAC

Mailing Address 12176 CHANCERY STATION CIRCLE

City RESTON State VA Zip Code 20190-5803

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

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

Transaction ID : SA11.5443

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DELOITTE FEDERAL PAC

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : SA11.5286

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 140
	<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)
EXPERIAN NORTH AMERICA, INC. PAC

Mailing Address 475 ANTON BLVD.

City COSTA MESA State CA Zip Code 92626-7037

FEC ID number of contributing federal political committee. **C C00379768**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11.5265

Amount of Each Receipt this Period
 _____ 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EYE OF THE TIGER PAC

Mailing Address P.O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

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

Transaction ID : SA11.5432

Amount of Each Receipt this Period
 _____ 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FOR AMERICAS REPUBLICAN MAJORITY PAC

Mailing Address 675 N. WASHINGTON ST., STE 410

City ALEXANDRIA State VA Zip Code 22314-1939

FEC ID number of contributing federal political committee. **C C00409672**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : SA11.5289

Amount of Each Receipt this Period
 _____ 1000.00

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 54 OF 140
	<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 ADVANCEMENT FUND

Mailing Address 264 N. LUMPKIN ST., #202

City State Zip Code
ATHENS GA 30601-2832

FEC ID number of contributing federal political committee. **C** C00490235

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5440

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FREEDOM AND SECURITY PAC

Mailing Address 228 S. WASHINGTON STREET, #115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5431

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENWORTH FINANCIAL INC.

Mailing Address 6620 WEST BROAD STREET

City State Zip Code
RICHMOND VA 23230-1716

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11.5358

Amount of Each Receipt this Period
 1000.00
 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 55 OF 140
	<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)
GOP GENERATION Y FUND

Mailing Address P.O. BOX 9055

City PEORIA State IL Zip Code 61612-9055

FEC ID number of contributing federal political committee. **C** C00448191

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11.5366

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HAL PAC

Mailing Address 701 8TH ST., NW, STE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00466490

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

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

Transaction ID : SA11.5439

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOGAN LOVELLS PAC

Mailing Address 555 13TH STREET, N.W., 8TH FLOOR

City WASHINGTON State DC Zip Code 20004-1109

FEC ID number of contributing federal political committee. **C** C00261339

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : SA11.5270

Amount of Each Receipt this Period
 1000.00

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 56 OF 140
	<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)
ICE PAC

Mailing Address **9158 E. STARING LANE**

City **EDEN PRAIRIE** State **MN** Zip Code **55347-2518**

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1000.00

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

Transaction ID : SA11.5434

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
IND. INSUR. AGENTS & BROKERS OF AMER. PAC

Mailing Address **412 FIRST STREET, S.E., #300**

City **WASHINGTON** State **DC** Zip Code **20003-1804**

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11.5315

Amount of Each Receipt this Period
 _____ 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address **1201 15TH STREET, N.W., #300**

City **WASHINGTON** State **DC** Zip Code **20005-2842**

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2012

Transaction ID : SA11.5233

Amount of Each Receipt this Period
 _____ 1500.00

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 57 OF 140
	<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. JOBS, ECONOMY AND BUDGET FUND

Full Name (Last, First, Middle Initial)
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: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____ 10000.00

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.5422

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

B. K&L GATES PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1601 K STREET, NW

City: WASHINGTON State: DC Zip Code: 20006-1682

FEC ID number of contributing federal political committee: **C** C00213173

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____ 1000.00

Date of Receipt: 06 / 01 / 2012

Transaction ID : SA11.5364

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

C. LOCKHEED MARTIN CORP. EMPLOYEES' PAC

Full Name (Last, First, Middle Initial)
Mailing Address 2121 CRYSTAL DRIVE, #100

City: ARLINGTON State: VA Zip Code: 22202-3706

FEC ID number of contributing federal political committee: **C** C00303024

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____ 2000.00

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.5499

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

7000.00

**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 140
	<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. LONE STAR LEADERSHIP PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 30844

City: BETHESDA State: MD Zip Code: 20824-0844

FEC ID number of contributing federal political committee: **C C00415208**

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.5433

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

B. MIDNIGHT SUN PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 75181

City: WASHINGTON State: DC Zip Code: 20013-0181

FEC ID number of contributing federal political committee: **C C00345199**

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.5438

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

C. MIKE R FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2485

City: SPRINGFIELD State: VA Zip Code: 22152-0485

FEC ID number of contributing federal political committee: **C C00370791**

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.5435

Amount of Each Receipt this Period: 2000.00

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: PAGE 59 OF 140
(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)
NASDAQ OMX GROUP INC. PAC

Mailing Address 1100 NEW YORK AVE., NW, STE 310 EA

City WASHINGTON State DC Zip Code 20005-6145

FEC ID number of contributing federal political committee. **C C00366013**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11.5357

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NAT'L. LUMBER & BUILDING MATERIAL DEALERS ASSN. PAC

Mailing Address 2025 M STREET, NW, STE 800

City WASHINGTON State DC Zip Code 20036-2422

FEC ID number of contributing federal political committee. **C C00039214**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11.5368

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NAT'L. TOOLING & MACHINING ASSN.

Mailing Address 6363 OAK TREE BLVD.

City INDEPENDENCE State OH Zip Code 44131-2556

FEC ID number of contributing federal political committee. **C C00043091**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11.5298

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 60 OF 140
	<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. NATIONAL BEER WHOLESALERS ASSN. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 KING STREET, #600

City ALEXANDRIA State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11.5427

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. NATL. ASSN. OF FEDERAL CREDIT UNIONS PAC

Full Name (Last, First, Middle Initial)
Mailing Address 3138 N. 10TH STREET

City ARLINGTON State VA Zip Code 22201-2108

FEC ID number of contributing federal political committee. **C C00040659**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11.5261

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. NEW PIONEERS PAC

Full Name (Last, First, Middle Initial)
Mailing Address 228 WASHINGTON STREET, #115

City ALEXANDRIA State VA Zip Code 22314-5408

FEC ID number of contributing federal political committee. **C C00459123**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2012

Transaction ID : SA11.5239

Amount of Each Receipt this Period
 1000.00

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 61 OF 140
	<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. NEW PIONEERS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 WASHINGTON STREET, #115
 City ALEXANDRIA State VA Zip Code 22314-5408
 FEC ID number of contributing federal political committee. **C C00459123**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : SA11.5423
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. ONLINE LENDERS ALLIANCE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6950 W 56TH ST.
 City MISSION State KS Zip Code 66202-2590
 FEC ID number of contributing federal political committee. **C C00427781**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : SA11.5425
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. ONLINE LENDERS ALLIANCE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6950 W 56TH ST.
 City MISSION State KS Zip Code 66202-2590
 FEC ID number of contributing federal political committee. **C C00427781**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012
Transaction ID : SA11.5426
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

5000.00

**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 62 OF 140
	<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)
PFIZER, INC. PAC

Mailing Address **235 E. 42ND STREET**

City **NEW YORK** State **NY** Zip Code **10017-5703**

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2012

Transaction ID : SA11.5240

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PIONEER PAC

Mailing Address **701 8TH STREET, NW, STE 500**

City **WASHINGTON** State **DC** Zip Code **20001-3965**

FEC ID number of contributing federal political committee. **C C00325357**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : SA11.5369

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PRECISION METALFORMING ASSN. VOICE OF INDU

Mailing Address **6363 OAK TREE BLVD.**

City **INDEPENDENCE** State **OH** Zip Code **44131-2556**

FEC ID number of contributing federal political committee. **C C00082271**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1192.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SA11.5292

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

6500.00

**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 140
<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)
PRECISION METALFORMING ASSN. VOICE OF INDU

Mailing Address 6363 OAK TREE BLVD.

City INDEPENDENCE State OH Zip Code 44131-2556

FEC ID number of contributing federal political committee. **C** C00082271

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1192.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11.5470

Amount of Each Receipt this Period
 192.33

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

B. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INS. ASSN. OF AMER. PAC

Mailing Address 2600 S. RIVER ROAD

City DES PLAINES State IL Zip Code 60018-3203

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11.5378

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAZOR PAC

Mailing Address 228 S. WASHINGTON ST., STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00493361

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

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

Transaction ID : SA11.5430

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

2192.33

**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 140
	<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)
REAL ESTATE INVESTMENT TRUSTS PAC

Mailing Address 1875 I STREET, N.W., #600

City WASHINGTON State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : SA11.5288

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TEVA PAC

Mailing Address 1090 HORSHAM ROAD

City NORTH WALES State PA Zip Code 19454-1505

FEC ID number of contributing federal political committee. **C** C00434811

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11.5321

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE FINANCIAL SERVICES ROUNDTABLE PAC

Mailing Address 1001 PENNSYLVANIA AVENUE, N.W., #5

City WASHINGTON State DC Zip Code 20004-2508

FEC ID number of contributing federal political committee. **C** C00193177

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : SA11.5287

Amount of Each Receipt this Period
 2500.00
 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 65 OF 140
	<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)
THE GOOD FUND

Mailing Address P.O. BOX 3404

City: ALEXANDRIA State: VA Zip Code: 22302-0404

FEC ID number of contributing federal political committee: **C C00409185**

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **06 / 06 / 2012**

Transaction ID : SA11.5437

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

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE HOME DEPOT, INC. PAC

Mailing Address 1155 F STREET, N.W., #400

City: WASHINGTON State: DC Zip Code: 20004-1346

FEC ID number of contributing federal political committee: **C C00284885**

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **05 / 24 / 2012**

Transaction ID : SA11.5320

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

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOROUGHbred PAC

Mailing Address P.O. BOX 65116

City: WASHINGTON State: DC Zip Code: 20035-5116

FEC ID number of contributing federal political committee: **C C00425439**

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **06 / 06 / 2012**

Transaction ID : SA11.5428

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

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 66 OF 140
	<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)
TIPPERARY HILL PAC

Mailing Address 228 W. WASHINGTON STREET, #115

City State Zip Code
ALEXANDRIA VA 22314-5408

FEC ID number of contributing federal political committee. **C C00225623**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11.5354

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TOMORROW IS MEANINGFUL PAC (TIM PAC)

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C C00495887**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11.5266

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TRUTH IS MARKETS WORK FUND (TIM W FUND)

Mailing Address P.O. BOX 2485

City State Zip Code
SPRINGFIELD VA 22152-0485

FEC ID number of contributing federal political committee. **C C00498360**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.5436

Amount of Each Receipt this Period
 1000.00
 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 67 OF 140
	<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)
U.S. BANCORP, PAC

Mailing Address 800 NICOLLET MALL, BC MN-H210

City State Zip Code
MINNEAPOLIS MN 55402-7000

FEC ID number of contributing federal political committee. **C C00018036**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11.5316

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
USAA EMPLOYEE PAC

Mailing Address 9800 FREDERICKSBURG ROAD

City State Zip Code
SAN ANTONIO TX 78288-0001

FEC ID number of contributing federal political committee. **C C00164145**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11.5501

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
USAA EMPLOYEE PAC

Mailing Address 9800 FREDERICKSBURG ROAD

City State Zip Code
SAN ANTONIO TX 78288-0001

FEC ID number of contributing federal political committee. **C C00164145**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11.5502

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

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

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

6000.00

**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 140
	<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)
WAKEFERN FOOD CORP. PAC

Mailing Address 33 NORTHFIELD AVE.

City EDISON State NJ Zip Code 08837-3806

FEC ID number of contributing federal political committee. **C** C00489005

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11.5362

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WAL-MART STORES, INC. PAC

Mailing Address 702 S.W. 8TH STREET

City BENTONVILLE State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11.5375

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WELLS FARGO & COMPANY EMPLOYEE, PAC

Mailing Address 6TH & MARQUETTE, #N9305-084

City MINNEAPOLIS State MN Zip Code 55479-0001

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11.5376

Amount of Each Receipt this Period
 1500.00

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 69 OF 140
	<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)
YOPAC

Mailing Address 1101 WALNUT, UNIT 1101

City KANSAS CITY State MO Zip Code 64106-4205

FEC ID number of contributing federal political committee. **C** C00497305

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.5449

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ZENECA, INC. PAC

Mailing Address P.O. BOX 15438

City WILMINGTON State DE Zip Code 19805

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11.5377

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).....

1500.00

122692.33

**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 140
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
N.Y. CONGRESSIONAL VICTORY COMMITTEE 2011

Mailing Address **228 S. WASHINGTON STREET, #115**

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00503326**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
65563.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : SA12.5235

Amount of Each Receipt this Period
3277.99

CONTRIBUTION

SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL R. BRESSLER

Mailing Address **655 SIXTH AVE., APT. 2H**

City **NEW YORK** State **NY** Zip Code **10010-5127**

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

Name of Employer Occupation
JP MORGAN SALES

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : SA12.5236

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MR. DAVID MILLER

Mailing Address **422 W. BROADWAY, APT. 5**

City **NEW YORK** State **NY** Zip Code **10012-3765**

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

Name of Employer Occupation
ELLIOTT MANAGEMENT CORP. PORTFOLIO MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : SA12.5237

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

[MEMO ITEM]

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

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

3277.99

**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 71 OF 140
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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. BRIAN TRACY

Mailing Address **5 CAWFIELD CROSSING**

City **NORWALK** State **CT** Zip Code **06855-2837**

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

Name of Employer **SPECTRON** Occupation **BROKER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
166.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : SA12.5238

Amount of Each Receipt this Period
166.67

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PATRIOT DAY IV

Mailing Address
228 S. WASHINGTON ST., STE 115

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00519744**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6700.96

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

Transaction ID : SA12.5457

Amount of Each Receipt this Period
6700.96

CONTRIBUTION

SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
ACTON PAC

Mailing Address **P.O. BOX 442**

City **SHARPSBURG** State **GA** Zip Code **30277-0442**

FEC ID number of contributing federal political committee. **C C00411579**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA12.5486

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

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

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

6700.96

**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 140
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. CITIZENS TO ELECT PHIL ROE TO CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 3218

City JOHNSON CITY State TN Zip Code 37602-3218

FEC ID number of contributing federal political committee. **C** C00444471

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

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

Transaction ID : SA12.5487

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

[MEMO ITEM]

B. CONCERNED AMERICANS FOR FREEDOM & OPPORTUNITY PAC

Full Name (Last, First, Middle Initial)
Mailing Address 228 S. WASHINGTON ST., STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00481176

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

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

Transaction ID : SA12.5482

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

[MEMO ITEM]

C. FRIENDS OF DAVE REICHERT

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 53322

City BELLEVUE State WA Zip Code 98015-3322

FEC ID number of contributing federal political committee. **C** C00397737

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 300.00

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

Transaction ID : SA12.5484

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 140
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
FRIENDS OF TODD YOUNG

Mailing Address **P.O. BOX 1053**

City **BLOOMINGTON** State **IN** Zip Code **47402-1053**

FEC ID number of contributing federal political committee. **C C00459255**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA12.5489

Amount of Each Receipt this Period
300.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KEEPING REPUBLICAN IDEAS STRONG TIMELY & INVENTIVE PAC

Mailing Address **P.O. BOX 312**

City **SIOUX FALLS** State **SD** Zip Code **57101-0312**

FEC ID number of contributing federal political committee. **C C00493809**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

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

Transaction ID : SA12.5483

Amount of Each Receipt this Period
400.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARKETPLACE IDEAS & CONSERVATIVE KNOWLEDGE PAC

Mailing Address **228 S. WASHINGTON ST., STE. 115**

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00502591**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA12.5481

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 140
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
NAT'L. REPUBLICAN CONG. COMMITTEE

Mailing Address 310 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003-1885

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

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

Transaction ID : SA12.5485

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RENEE ELLMERS FOR CONGRESS

Mailing Address P.O. BOX 904

City DUNN State NC Zip Code 28335-0904

FEC ID number of contributing federal political committee. **C** C00471896

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 200.00

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

Transaction ID : SA12.5488

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

[MEMO ITEM]

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).....

0.00

9978.95

**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 140
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 41 S. MOGER AVENUE

City MOUNT KISCO State NY Zip Code 10549

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1160.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : SA15.1129

Amount of Each Receipt this Period
156.32

INTEREST INCOME

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

Mailing Address 41 S. MOGER AVENUE

City MOUNT KISCO State NY Zip Code 10549

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1160.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : SA15.1201

Amount of Each Receipt this Period
161.54

INTEREST

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).....

317.86

317.86

**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 76 OF 140	
	<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. NAN HAYWORTH		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address P.O. BOX 189		Amount of Each Disbursement this Period 347.08
City MOUNT KISCO	State NY	
Zip Code 10549	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Transaction ID : SB17.I1113
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) B. DASH LOCK & KEY SERVICE INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 195 MAIN ST.		Amount of Each Disbursement this Period 347.08
City BEACON	State NY	
Zip Code 12508	Purpose of Disbursement MEMO: LOCK & KEY SERVICE	Transaction ID : SB17.I1114
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: LOCK & KEY SERVICE
State: District: 00		

Full Name (Last, First, Middle Initial) C. THOMAS ADAMS		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 21 SYCAMORE COURT		Amount of Each Disbursement this Period 28.05
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1154
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	375.13
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 77 OF 140	
	<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. SETH ARLUCK		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address P.O. BOX 360		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.I1155
City NEW HAMPTON	State NY	
Zip Code 10958	Purpose of Disbursement WAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. SETH ARLUCK		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address P.O. BOX 360		Amount of Each Disbursement this Period 55.00 Transaction ID : SB17.I1156
City NEW HAMPTON	State NY	
Zip Code 10958	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. CAITLIN BARANOWSKI		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 832.50 Transaction ID : SB17.I1139
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	927.50
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 78 OF 140	
	<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. JIM BOOTH		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 303 CHARLOTTE COURT		Amount of Each Disbursement this Period 45.00
City CENTRAL VELLEY	State NY	
Zip Code 10917	Purpose of Disbursement WAGES	Transaction ID : SB17.I1157
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. JIM BOOTH		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 303 CHARLOTTE COURT		Amount of Each Disbursement this Period 24.48
City CENTRAL VELLEY	State NY	
Zip Code 10917	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1158
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. MR. GARY R. BRADFORD		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 352 RIVER RD. N.		Amount of Each Disbursement this Period 1600.00
City WAPPINGERS FALLS	State NY	
Zip Code 12590-5496	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.5521
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND: COPIER
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1669.48
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 79 OF 140	
	<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. JUNE BRANNIGAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 10 JESTER CT.		Amount of Each Disbursement this Period 52.50
City SCHENECTADY	State NY	
Zip Code 12304	Purpose of Disbursement WAGES	Transaction ID : SB17.I1159
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. JESSICA BRINK		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 51 TAYLOR AVE.		Amount of Each Disbursement this Period 240.00
City POUGHKEEPSIE	State NY	
Zip Code 12601	Purpose of Disbursement WAGES	Transaction ID : SB17.I1160
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. JESSICA BRINK		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 51 TAYLOR AVE.		Amount of Each Disbursement this Period 23.10
City POUGHKEEPSIE	State NY	
Zip Code 12601	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1161
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	315.60
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 80 OF 140	
	<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. JOSEPH CANDELA		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 115 EDJEWOD DR. SOUTH		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.I1131
City NEWBURGH State NY Zip Code 12550	Purpose of Disbursement WAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. JOSEPH CANDELA		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 115 EDJEWOD DR. SOUTH		Amount of Each Disbursement this Period 114.95 Transaction ID : SB17.I1132
City NEWBURGH State NY Zip Code 12550	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.I1052
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	3164.95
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 81 OF 140			
	<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. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 11000.00
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement SALARY	
Candidate Name		Transaction ID : SB17.I1080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) B. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 635.78
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1115
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EXPENSE REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) C. TRUMP NATIONAL GOLF CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 178 STORMVILLE RD.		Amount of Each Disbursement this Period 635.78
City HOPEWELL JUNCTION State NY Zip Code 12533	Purpose of Disbursement MEMO: FOOD & BEVERAGE	
Candidate Name		Transaction ID : SB17.I1116
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional).....	11635.78
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 82 OF 140	
	<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. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.I1142
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. ZACH COSTA		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 15 W. STONE ST.		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.I1162
City NEWBURGH State NY Zip Code 12550	Purpose of Disbursement WAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. ZACH COSTA		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 15 W. STONE ST.		Amount of Each Disbursement this Period 23.93 Transaction ID : SB17.I1163
City NEWBURGH State NY Zip Code 12550	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	5608.93
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)
A. ANDREA DEMARCHI

Mailing Address 1 CIRCLE DRIVE

City CARMEL State NY Zip Code 10512

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: District: 00

Date of Disbursement
M M / D D / Y Y Y Y
04 / 16 / 2012

Amount of Each Disbursement this Period
594.00

Transaction ID : SB17.I1053

Full Name (Last, First, Middle Initial)
B. ANDREA DEMARCHI

Mailing Address 1 CIRCLE DRIVE

City CARMEL State NY Zip Code 10512

Purpose of Disbursement SALARY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: District: 00

Date of Disbursement
M M / D D / Y Y Y Y
05 / 01 / 2012

Amount of Each Disbursement this Period
696.00

Transaction ID : SB17.I1081

Full Name (Last, First, Middle Initial)
C. ANDREA DEMARCHI

Mailing Address 1 CIRCLE DRIVE

City CARMEL State NY Zip Code 10512

Purpose of Disbursement MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: District: 00

Date of Disbursement
M M / D D / Y Y Y Y
04 / 26 / 2012

Amount of Each Disbursement this Period
209.00

Transaction ID : SB17.I1153

SUBTOTAL of Disbursements This Page (optional) 1499.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 140	
	<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. SEAN DONAHUE		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 8 BARMORE ROAD		Amount of Each Disbursement this Period 160.00 Transaction ID : SB17.I1164
City LAGRANGEVILLE	State NY Zip Code 12540	
Purpose of Disbursement WAGES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. KEVIN DOUCHKOFF		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 22 LAURIE CT.		Amount of Each Disbursement this Period 40.90 Transaction ID : SB17.I1165
City CARMEL	State NY Zip Code 10512	
Purpose of Disbursement EXPENSE REIMBURSEMENT: FUEL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. ANDREW FORMAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 44 MONELL PLACE		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.I1133
City BEACON	State NY Zip Code 12508	
Purpose of Disbursement WAGES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 140	
	<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. MICHAEL GAMBACORTA		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 4 VALLEY VIEW DR.		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.I1166
City ALBANY State NY Zip Code 12208	Purpose of Disbursement WAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. CONNOR P. GILLIS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1054
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. CONNOR P. GILLIS		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1068
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2045.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 140			
	<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. CONNOR P. GILLIS			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012		
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 1000.00		
City MIDDLETOWN	State NY	Zip Code 10940	Transaction ID : SB17.I1082		
Purpose of Disbursement SALARY		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

Full Name (Last, First, Middle Initial) B. CONNOR P. GILLIS			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012		
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 158.40		
City MIDDLETOWN	State NY	Zip Code 10940	Transaction ID : SB17.I1134		
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

Full Name (Last, First, Middle Initial) C. CONNOR P. GILLIS			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012		
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 1000.00		
City MIDDLETOWN	State NY	Zip Code 10940	Transaction ID : SB17.I1140		
Purpose of Disbursement SALARY		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

SUBTOTAL of Disbursements This Page (optional).....	2158.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 140	
	<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. CONNOR P. GILLIS		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 239.80 Transaction ID : SB17.I1167
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District: 00	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.I1027
City HOPEWELL JCT.	State NY	
Zip Code 12533	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District: 00	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 3867.13 Transaction ID : SB17.I1038
City HOPEWELL JCT.	State NY	
Zip Code 12533	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District: 00	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4606.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 140	
	<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. AMAZON.COM		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 1516 2ND AVE.		Amount of Each Disbursement this Period 365.52
City SEATTLE	State WA Zip Code 98144	
Purpose of Disbursement EQUIPMENT & SUPPLIES	Category/Type	Transaction ID : SB17.I1042
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] EQUIPMENT & SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) B. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 2001 SOUTH ROAD		Amount of Each Disbursement this Period 182.40
City POUGHKEEPSIE	State NY Zip Code 12601	
Purpose of Disbursement EQUIPMENT & SUPPLIES	Category/Type	Transaction ID : SB17.I1041
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] EQUIPMENT & SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) C. NEW YORK DEPT. OF STATE		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address P.O. BOX 22001		Amount of Each Disbursement this Period 405.00
City ALBANY	State NY Zip Code 12201	
Purpose of Disbursement NOTORAY APPLICATION	Category/Type	Transaction ID : SB17.I1045
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] NOTORAY APPLICATIONS
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 140			
	<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. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 856-58 SOUTH ROAD / RTE 9		Amount of Each Disbursement this Period 499.40
City WAPPINGERS FALLS	State NY	
Zip Code 12590	Purpose of Disbursement COPIES	Transaction ID : SB17.I1043
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] COPIES
State: District: 00		

Full Name (Last, First, Middle Initial) B. U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 925.90
City WARWICK	State NY	
Zip Code 10990	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I1044
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] POSTAGE
State: District: 00		

Full Name (Last, First, Middle Initial) C. UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 592 MAIN STREET, STE 4		Amount of Each Disbursement this Period 494.15
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement COPIES	Transaction ID : SB17.I1040
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] COPIES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 140			
	<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. WALMART		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 26 W. MERRITT BLVD.		Amount of Each Disbursement this Period 227.67
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I1039
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		[MEMO ITEM] OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 7500.00
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1083
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 4186.05
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name	Category/Type	Transaction ID : SB17.I1101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		EXPENSE REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional).....	11686.05
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 91 OF 140			
	<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. BYRON PARKER		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 840 COLUMBUS AVE.		Amount of Each Disbursement this Period 360.00
City NEW YORK	State NY	
Zip Code 10025	Purpose of Disbursement MEMO: REIMB: PETITION COLLECTION WAGES	Transaction ID : SB17.I1104
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: REIMB: PETITION COLLECTION WAGES
State: District: 00		

Full Name (Last, First, Middle Initial) B. COLLEEN SINGH		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 88-15 132ND ST.		Amount of Each Disbursement this Period 403.50
City RICHMOND HILL	State NY	
Zip Code 11418	Purpose of Disbursement MEMO: REIMB: PETITION COLLECTION WAGES	Transaction ID : SB17.I1106
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: REIMB: PETITION COLLECTION WAGES
State: District: 00		

Full Name (Last, First, Middle Initial) C. TERELL TRIPP		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 130 W. 183RD ST., #7D		Amount of Each Disbursement this Period 270.00
City BRONX	State NY	
Zip Code 10453	Purpose of Disbursement MEMO: REIMB: PETITION COLLECTION WAGES	Transaction ID : SB17.I1103
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: REIMB: PETITION COLLECTION WAGES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 140			
	<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. TAWANA VARGAS		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 645 WESTCHESTER AVE., #9D		Amount of Each Disbursement this Period 270.00
City BRONX	State NY	
Zip Code 10455	Purpose of Disbursement MEMO: REIMB: PETITION COLLECTION WAGES	Transaction ID : SB17.I1105
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: REIMB: PETITION COLLECTION WAGES
State: District: 00		

Full Name (Last, First, Middle Initial) B. AMAZON.COM		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 1516 2ND AVE.		Amount of Each Disbursement this Period 168.97
City SEATTLE	State WA	
Zip Code 98144	Purpose of Disbursement MEMO: COMPUTER SUPPLIES	Transaction ID : SB17.I1109
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: COMPUTER SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) C. HUDSON VALLEY OFFICE FURNITURE		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 375 MAIN MALL		Amount of Each Disbursement this Period 1784.00
City POUGHKEEPSIE	State NY	
Zip Code 12601	Purpose of Disbursement MEMO: OFFICE FURNITURE	Transaction ID : SB17.I1107
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: OFFICE FURNITURE
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 140	
	<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. METRO NORTH RAILROAD

Mailing Address **347 MADISON AVE.**

City **NEW YORK** State **NY** Zip Code **10017**

Purpose of Disbursement
MEMO: TRANSPORTATION

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **04 / 14 / 2012**

Amount of Each Disbursement this Period: **224.00**

Transaction ID : **SB17.I1102**

[MEMO ITEM]
MEMO: TRANSPORTATION

Full Name (Last, First, Middle Initial)
B. UPS STORE

Mailing Address **592 MAIN STREET, STE 4**

City **FISHKILL** State **NY** Zip Code **12524**

Purpose of Disbursement
MEMO: COPIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **04 / 10 / 2012**

Amount of Each Disbursement this Period: **109.97**

Transaction ID : **SB17.I1108**

[MEMO ITEM]
MEMO: COPIES

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

Mailing Address **26 W. MERRITT BLVD.**

City **FISHKILL** State **NY** Zip Code **12524**

Purpose of Disbursement
MEMO: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **04 / 16 / 2012**

Amount of Each Disbursement this Period: **10.24**

Transaction ID : **SB17.I1110**

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 140			
	<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. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.I1143
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. KATELIN P. HARVIE		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 109 WOODCREST DRIVE		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.I1055
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. KATELIN P. HARVIE		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 109 WOODCREST DRIVE		Amount of Each Disbursement this Period 336.00 Transaction ID : SB17.I1069
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	8316.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 140	
	<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. KATELIN P. HARVIE		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 109 WOODCREST DRIVE		Amount of Each Disbursement this Period 504.00 Transaction ID : SB17.I1084
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. KATELIN P. HARVIE		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 109 WOODCREST DRIVE		Amount of Each Disbursement this Period 288.00 Transaction ID : SB17.I1141
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. MICHAEL HOFFMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 12 LAMBER LANE		Amount of Each Disbursement this Period 51.15 Transaction ID : SB17.I1098
City NEWBURGH State NY Zip Code 12550	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	843.15
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 96 OF 140	
	<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. PAMELA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 67 DOGWOOD ROAD		Amount of Each Disbursement this Period 1666.67 Transaction ID : SB17.I1085
City CORTLANOT MANOR	State NY	
Zip Code 10567	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. PAMELA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 67 DOGWOOD ROAD		Amount of Each Disbursement this Period 1666.67 Transaction ID : SB17.I1144
City CORTLANOT MANOR	State NY	
Zip Code 10567	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. PAMELA JACKSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 67 DOGWOOD ROAD		Amount of Each Disbursement this Period 88.00 Transaction ID : SB17.I1168
City CORTLANOT MANOR	State NY	
Zip Code 10567	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	3421.34
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 97 OF 140	
	<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. MICHAEL N. KELSEY		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 243 HIBERNIA RD.		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.I1169
City SALT POINT	State NY	
Zip Code 12578	Purpose of Disbursement WAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. MICHAEL N. KELSEY		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 243 HIBERNIA RD.		Amount of Each Disbursement this Period 36.85 Transaction ID : SB17.I1170
City SALT POINT	State NY	
Zip Code 12578	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. AMANDA LUDEMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 33 LATHAM LN, #9		Amount of Each Disbursement this Period 52.50 Transaction ID : SB17.I1171
City LATHAM	State NY	
Zip Code 12110	Purpose of Disbursement WAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	149.35
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 99 OF 140			
	<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. TIMOTHY MURTAUGH		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 6623 10TH ST., B-2		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I1146
City ALEXANDRIA	State VA	
Zip Code 22307	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. DEANNA NATRELLA		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 11 GOLD RD.		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.I1175
City STORMVILLE	State NY	
Zip Code 12582	Purpose of Disbursement WAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. MAUREEN NATRELLA		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 11 GOLD ROAD		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.I1097
City STORMVILLE	State NY	
Zip Code 12582	Purpose of Disbursement REIMBURSEMENT: FUEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	5270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 140	
	<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. MAUREEN NATRELLA		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 11 GOLD ROAD		Amount of Each Disbursement this Period 411.87 Transaction ID : SB17.I1112
City STORMVILLE	State NY	
Zip Code 12582	Purpose of Disbursement FOOD & BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. DENNIS PAVELOCK		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 34 JUDSON ST.		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.I1135
City BEACON	State NY	
Zip Code 12508	Purpose of Disbursement WAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. THOMAS PICANTE		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 292 MIDDLETOWN ROAD		Amount of Each Disbursement this Period 202.50 Transaction ID : SB17.I1176
City WATERFORD	State NY	
Zip Code 12188	Purpose of Disbursement WAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	411.87
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 101 OF 140	
	<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. THOMAS PICANTE			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012	
Mailing Address 292 MIDDLETOWN ROAD			Amount of Each Disbursement this Period 239.80	
City WATERFORD	State NY	Zip Code 12188	Transaction ID : SB17.I1177	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B. JEFF PIRRO			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012	
Mailing Address 53 2ND AVE, #2S			Amount of Each Disbursement this Period 75.00	
City TROY	State NY	Zip Code 12180	Transaction ID : SB17.I1178	
Purpose of Disbursement WAGES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) C. JEFF PIRRO			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012	
Mailing Address 53 2ND AVE, #2S			Amount of Each Disbursement this Period 82.50	
City TROY	State NY	Zip Code 12180	Transaction ID : SB17.I1179	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

SUBTOTAL of Disbursements This Page (optional).....	397.30
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 102 OF 140	
	<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. ALISON PLATT		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 52 HAMPTON DR.		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.I1180
City CARMEL State NY Zip Code 10512	Purpose of Disbursement WAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. ALISON PLATT		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 52 HAMPTON DR.		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.I1181
City CARMEL State NY Zip Code 10512	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. KEVIN PLATT		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 52 HAMPTON DR.		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.I1182
City CARMEL State NY Zip Code 10512	Purpose of Disbursement WAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	279.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 140	
	<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. KEVIN PLATT		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 52 HAMPTON DR.		Amount of Each Disbursement this Period 57.20 Transaction ID : SB17.I1183
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. JOANNA POHR		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 16 NORTON ST.		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.I1184
City NEWBURGH	State NY	
Zip Code 12550	Purpose of Disbursement WAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. JOANNA POHR		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 16 NORTON ST.		Amount of Each Disbursement this Period 29.15 Transaction ID : SB17.I1185
City NEWBURGH	State NY	
Zip Code 12550	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	171.35
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 104 OF 140	
	<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. JOANNA POHR		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 16 NORTON ST.		Amount of Each Disbursement this Period 20.95 Transaction ID : SB17.I1186
City NEWBURGH	State NY	
Zip Code 12550	Purpose of Disbursement EXPENSE REIMBURSEMENT: FOOD & BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. MARIA RUBINO		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 199 SKYLINE DRIVE		Amount of Each Disbursement this Period 37.50 Transaction ID : SB17.I1187
City HIGHLAND MILLS	State NY	
Zip Code 10930	Purpose of Disbursement WAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. MARIA RUBINO		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 199 SKYLINE DRIVE		Amount of Each Disbursement this Period 1.65 Transaction ID : SB17.I1188
City HIGHLAND MILLS	State NY	
Zip Code 10930	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	60.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 140	
	<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. PAT RYAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 5253 43RD ST., NW		Amount of Each Disbursement this Period 636.90 Transaction ID : SB17.I1189
City WASHINGTON	State DC	
Zip Code 20015	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District: 00	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. PAT RYAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 5253 43RD ST., NW		Amount of Each Disbursement this Period 79.79 Transaction ID : SB17.I1190
City WASHINGTON	State DC	
Zip Code 20015	Purpose of Disbursement EXPENSE REIMBURSEMENT: FOOD & BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District: 00	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ANGELA SAPONARA		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 1235 PARK LANE		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.I1191
City YORKTOWN HEIGHTS	State NY	
Zip Code 10598	Purpose of Disbursement WAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District: 00	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	836.69
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 106 OF 140	
	<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. ANGELA SAPONARA		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 1235 PARK LANE		Amount of Each Disbursement this Period 33.00 Transaction ID : SB17.I1192
City YORKTOWN HEIGHTS	State NY Zip Code 10598	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. CHARLIE SILVERSTEIN		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 30 MANNING BLVD.		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.I1193
City ALBANY	State NY Zip Code 12203	
Purpose of Disbursement WAGES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. JAMES SORHILE		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 42 TWITTER ST.		Amount of Each Disbursement this Period 62.15 Transaction ID : SB17.I1194
City ALBANY	State NY Zip Code 12209	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	140.15
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 107 OF 140	
	<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. CATHARINE SQUARE		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 33 LOVELL LANE		Amount of Each Disbursement this Period 4,567,890.12 187.50
City GARRISON	State NY	
Zip Code 10524	Purpose of Disbursement WAGES	Transaction ID : SB17.I1195
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. JOSEPHINE VALENTE-WILKINS		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 219 CARDINAL RD.		Amount of Each Disbursement this Period 4,567,890.12 82.50
City HYDE PARK	State NY	
Zip Code 12538	Purpose of Disbursement WAGES	Transaction ID : SB17.I1196
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address P.O. BOX 1270		Amount of Each Disbursement this Period 4,567,890.12 4045.18
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CREDIT CARD: SEE BELOW	Transaction ID : SB17.I1087
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD: SEE BELOW
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	4315.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 140	
	<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. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement MEMO: FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 04 / 16 / 2012

Amount of Each Disbursement this Period: 699.55

Transaction ID : SB17.I1091

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

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

Mailing Address 5055 SEMINARY ROAD, #612

City ALEXANDRIA State VA Zip Code 22311

Purpose of Disbursement MEMO: SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 04 / 01 / 2012

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I1089

[MEMO ITEM]
MEMO: SOFTWARE

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

Mailing Address PO BOX 219554

City KANSAS CITY State MO Zip Code 64121

Purpose of Disbursement MEMO: TELEPHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 04 / 02 / 2012

Amount of Each Disbursement this Period: 374.86

Transaction ID : SB17.I1088

[MEMO ITEM]
MEMO: TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 140	
	<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. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address PO BOX 219554		Amount of Each Disbursement this Period 162.74
City KANSAS CITY	State MO	
Zip Code 64121	Purpose of Disbursement MEMO: TELEPHONE SERVICE	Transaction ID : SB17.I1092
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: TELEPHONE
State: District: 00		

Full Name (Last, First, Middle Initial) B. WIDGETMAKER		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 1900.85
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement MEMO: ONLINE FUNDRAISING	Transaction ID : SB17.I1090
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: ONLINE FUNDRAISING
State: District: 00		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS SETTLEMENT		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 119.46
City PHOENIX	State AZ	
Zip Code 85072	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1208
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	119.46
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 110 OF 140	
	<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		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 1019.05
City PHOENIX	State AZ	
Zip Code 85072	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1209
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS SETTLEMENT		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 286.62
City PHOENIX	State AZ	
Zip Code 85072	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1210
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. BEACON UNITED		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 284 MAIN ST.		Amount of Each Disbursement this Period 2600.00
City BEACON	State NY	
Zip Code 12508	Purpose of Disbursement RENT	Transaction ID : SB17.I1130
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	3905.67
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 111 OF 140			
	<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. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1060
Office Sought: House Senate President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) B. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 482.75
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement POSTAGE AND DELIVERY	
Candidate Name		Transaction ID : SB17.I1066
Office Sought: House Senate President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) C. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1093
Office Sought: House Senate President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4482.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 140	
	<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. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 577.23
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name	Category/Type	Transaction ID : SB17.I1094
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	REIMBURSED EXPENSES: SEE BELOW	
State: District: 00		

Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 367.28
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement MEMO: POSTAGE & DELIVERY	
Candidate Name	Category/Type	Transaction ID : SB17.I1096
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: POSTAGE & DELIVERY	
State: District: 00		

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 21215 BURBANK BLVD.		Amount of Each Disbursement this Period 209.95
City WOODLAND HILLS State CA Zip Code 91367	Purpose of Disbursement MEMO: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I1095
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: OFFICE SUPPLIES	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	577.23
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 113 OF 140			
	<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. CABLEVISION		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address P.O. BOX 9256		Amount of Each Disbursement this Period 140.14
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement PHONE AND CABLE	Transaction ID : SB17.I1061
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 189.65
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement EMAIL SERVICE	Transaction ID : SB17.I1057
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 23.64
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement EMAIL SERVICE	Transaction ID : SB17.I1062
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	353.64
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 114 OF 140	
	<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. CD INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address P.O. BOX 1877		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I1063
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement ONLINE ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. CENTENNIAL GRILLE ROOM		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 185 JOHN SIMPSON ROAD		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.I1211
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement FOOD & BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. COMPUTER BUSINESS ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 1009 BEEKMAN ROAD		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.I1058
City HOPEWELL	State NY	
Zip Code 12533	Purpose of Disbursement COMPUTER REPAIRS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	5540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 140	
	<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. CONQUEST COMMUNICATIONS GROUP			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 2812 EMERYWOOD PKY, STE 103			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.I1046
City RICHMOND	State VA	Zip Code 23294	
Purpose of Disbursement PHONE BANK		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District: 00	

Full Name (Last, First, Middle Initial) B. CREATIVE DIRECT LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address THE REAGAN BLDG, 25 E. MAIN ST.			Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.I1071
City RICHMOND	State VA	Zip Code 23219	
Purpose of Disbursement GRAPHIC DESIGN		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District: 00	

Full Name (Last, First, Middle Initial) C. CREATIVE DIRECT LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address THE REAGAN BLDG, 25 E. MAIN ST.			Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.I1124
City RICHMOND	State VA	Zip Code 23219	
Purpose of Disbursement DIRECT MAIL		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 140	
	<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. DEPARTMENT OF TREASURY

Mailing Address **IRS CENTER**

City **OGDEN** State **UT** Zip Code **84201**

Purpose of Disbursement **TAXES**

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **04 / 17 / 2012**

Amount of Each Disbursement this Period: **42.00**

Transaction ID : **SB17.I1050**

Full Name (Last, First, Middle Initial)
B. DIRECT STRATEGIES

Mailing Address **1851 N. SCOTT ST, STE 361**

City **ARLINGTON** State **VA** Zip Code **22209**

Purpose of Disbursement **GRAPHIC DESIGN**

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **04 / 22 / 2012**

Amount of Each Disbursement this Period: **500.00**

Transaction ID : **SB17.I1028**

Full Name (Last, First, Middle Initial)
C. EDONATIONS.COM

Mailing Address **117 N. SAINT ASAPH STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement **ONLINE FUNDRAISING**

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **04 / 13 / 2012**

Amount of Each Disbursement this Period: **105.60**

Transaction ID : **SB17.I1123**

SUBTOTAL of Disbursements This Page (optional) **647.60**

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 117 OF 140			
	<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. EDONATIONS.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2012
Mailing Address 117 N. SAINT ASAPH STREET		Amount of Each Disbursement this Period 77.47
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ONLINE FUNDRAISING	
Candidate Name	Category/Type	Transaction ID : SB17.I1136
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 1606.80
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.I1024
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 1230.82
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement PRINTING & DESIGN	
Candidate Name	Category/Type	Transaction ID : SB17.I1029
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	2915.09
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 118 OF 140	
	<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. EXECUTIVE STAR

Mailing Address 180 E. PROSPECT AVENUE

City MAMARONECK State NY Zip Code 10543

Purpose of Disbursement GRAPHIC DESIGN

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 05 / 08 / 2012

Amount of Each Disbursement this Period: 348.07

Transaction ID : SB17.I1059

Full Name (Last, First, Middle Initial)
B. FALKIRK ESTATE AND COUNTRY CLUB

Mailing Address 206 SMITH CLOVE ROAD

City CENTRAL VALLEY State NY Zip Code 10917

Purpose of Disbursement FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 05 / 24 / 2012

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.I1111

Full Name (Last, First, Middle Initial)
C. JIVE COMMUNICATIONS, INC.

Mailing Address 3214 N. UNIVERSITY AVE., #610

City PROVO State UT Zip Code 84604

Purpose of Disbursement TELEPHONE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 04 / 10 / 2012

Amount of Each Disbursement this Period: 57.93

Transaction ID : SB17.I1030

SUBTOTAL of Disbursements This Page (optional) 906.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 140	
	<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. JIVE COMMUNICATIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 3214 N. UNIVERSITY AVE., #610		Amount of Each Disbursement this Period 19.63 Transaction ID : SB17.I1072
City PROVO State UT Zip Code 84604	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. JIVE COMMUNICATIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 3214 N. UNIVERSITY AVE., #610		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.I1074
City PROVO State UT Zip Code 84604	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. JIVE COMMUNICATIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 3214 N. UNIVERSITY AVE., #610		Amount of Each Disbursement this Period 775.60 Transaction ID : SB17.I1077
City PROVO State UT Zip Code 84604	Purpose of Disbursement EQUIPMENT - PHONES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	810.23
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 120 OF 140	
	<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. JIVE COMMUNICATIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 3214 N. UNIVERSITY AVE., #610		Amount of Each Disbursement this Period 19.63
City PROVO State UT Zip Code 84604	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1125
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period 837.67
City KNOXVILLE State TN Zip Code 37920	Purpose of Disbursement CREDIT CARD PROCESSING FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1023
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period 771.68
City KNOXVILLE State TN Zip Code 37920	Purpose of Disbursement CREDIT CARD PROCESSING FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1198
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	1628.98
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 121 OF 140			
	<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

A. MERCHANT SERVICES

Full Name (Last, First, Middle Initial)
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: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 06 / 01 / 2012

Amount of Each Disbursement this Period: 370.59

Transaction ID : SB17.I1202

B. NYS CORPORATION TAX

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 22093

City ALBANY State NY Zip Code 12201

Purpose of Disbursement TAXES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 04 / 17 / 2012

Amount of Each Disbursement this Period: 27.67

Transaction ID : SB17.I1051

C. OPTIMUM BUSINESS

Full Name (Last, First, Middle Initial)
Mailing Address 6 CORPORATE CENTER DRIVE

City MELVILLE State NY Zip Code 11747

Purpose of Disbursement CABLE/TELECOMMUNICATIONS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 04 / 10 / 2012

Amount of Each Disbursement this Period: 298.11

Transaction ID : SB17.I1031

SUBTOTAL of Disbursements This Page (optional) 696.37

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 122 OF 140	
	<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. PATTON BOGGS, LLP			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012	
Mailing Address 2550 M STREET, NW			Amount of Each Disbursement this Period 5000.50	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : SB17.I1048	
Purpose of Disbursement LEGAL SERVICES		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B. PAYCHEX			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012	
Mailing Address 300 WESTAGE BUS. CENTER, STE 130			Amount of Each Disbursement this Period 5.50	
City FISHKILL	State NY	Zip Code 12524	Transaction ID : SB17.I1025	
Purpose of Disbursement PAYROLL SERVICES		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) C. PAYCHEX			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012	
Mailing Address 300 WESTAGE BUS. CENTER, STE 130			Amount of Each Disbursement this Period 35.75	
City FISHKILL	State NY	Zip Code 12524	Transaction ID : SB17.I1026	
Purpose of Disbursement PAYROLL TAXES		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

SUBTOTAL of Disbursements This Page (optional).....	5041.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 140	
	<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. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 764.70
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1049
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 59.79
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name		Transaction ID : SB17.I1067
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 225.19
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1070
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	1049.68
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 124 OF 140	
	<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. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 65.79
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.I1079
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 1223.92
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	Transaction ID : SB17.I1086
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 132.12
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.I1099
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1421.83
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 125 OF 140	
	<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. PAYCHEX

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement PAYROLL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 06 / 01 / 2012

Amount of Each Disbursement this Period: 105.40

Transaction ID : SB17.I1138

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

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 06 / 01 / 2012

Amount of Each Disbursement this Period: 1209.09

Transaction ID : SB17.I1145

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

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement PAYROLL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 04 / 02 / 2012

Amount of Each Disbursement this Period: 87.36

Transaction ID : SB17.I1206

SUBTOTAL of Disbursements This Page (optional) 1401.85

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 126 OF 140	
	<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. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 346.02
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	Transaction ID : SB17.I1207
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) B. RCCC LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 247 FARRAGUT AVE.		Amount of Each Disbursement this Period 499.00
City HASTINGS ON HUDSON State NY Zip Code 10706	Purpose of Disbursement DATABASE & VOTER FILE MANAGEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I1075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) C. RCCC LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 247 FARRAGUT AVE.		Amount of Each Disbursement this Period 1175.00
City HASTINGS ON HUDSON State NY Zip Code 10706	Purpose of Disbursement DATABASE & VOTER FILE MANAGEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I1078
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2020.02
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 127 OF 140	
	<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. STRATEGIC PLANNING SYSTEMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 150 KNICKERBOCKER AVENUE		Amount of Each Disbursement this Period 846.44
City BOHEMIA State NY Zip Code 11716	Purpose of Disbursement VOTER FILE MANAGEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I1032
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) B. STRATEGIC PLANNING SYSTEMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 150 KNICKERBOCKER AVENUE		Amount of Each Disbursement this Period 800.00
City BOHEMIA State NY Zip Code 11716	Purpose of Disbursement VOTER FILE MANAGEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I1126
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) C. STRATEGIC PLANNING SYSTEMS, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 150 KNICKERBOCKER AVENUE		Amount of Each Disbursement this Period 1600.00
City BOHEMIA State NY Zip Code 11716	Purpose of Disbursement VOTER FILE MANAGEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I1127
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	3246.44
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 128 OF 140	
	<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. SUPERIOR PROCESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 109 MILL STREET		Amount of Each Disbursement this Period 1025.00
City POUGHKEEPSIE	State NY	
Zip Code 12601	Purpose of Disbursement LEGAL SERVICES	Transaction ID : SB17.I1117
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. TD BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE	State NH	
Zip Code 03431	Purpose of Disbursement BANK FEE	Transaction ID : SB17.I1147
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. TD BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE	State NH	
Zip Code 03431	Purpose of Disbursement BANK FEES	Transaction ID : SB17.I1149
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1075.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 140	
	<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. THE HALLISEY GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.I1100
City NEW YORK State NY Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. THE HALLISEY GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.I993
City NEW YORK State NY Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. THE MANAGEMENT COMPANIES		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 78 NORTH STATE ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1064
City BRIARCLIFF MANOR State NY Zip Code 10510	Purpose of Disbursement RENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	16000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 140			
	<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. THE TARRANCE GROUP, INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 201 N. UNION STREET, #410			Amount of Each Disbursement this Period 21508.00 Transaction ID : SB17.I1033
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement POLLING	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) B. THE TOWNSEND GROUP			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 3283.14 Transaction ID : SB17.I1034
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) C. THE TOWNSEND GROUP			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 9013.22 Transaction ID : SB17.I1035
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	33804.36
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 131 OF 140			
	<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. THE TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 8331.13
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I1036
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) B. THE TOWNSEND GROUP, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 9581.25
City CORNWALL ON HUDSON State NY Zip Code 12520	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I1037
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) C. THE TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 5077.17
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I1065
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	22989.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 140			
	<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. THE TOWNSEND GROUP, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 4239.86 Transaction ID : SB17.I1073
City CORNWALL ON HUDSON	State NY	Zip Code 12520	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) B. THE TOWNSEND GROUP, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.I1076
City CORNWALL ON HUDSON	State NY	Zip Code 12520	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2012
Mailing Address P.O. BOX 4003			Amount of Each Disbursement this Period 450.32 Transaction ID : SB17.I1047
City ACWORTH	State GA	Zip Code 30101	
Purpose of Disbursement TELEPHONE SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	14690.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 140	
	<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

A. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 408

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement TELEPHONE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 05 / 24 / 2012

Amount of Each Disbursement this Period: 232.57

Transaction ID : SB17.I1118

B. WELLS FARGO

Full Name (Last, First, Middle Initial)
Mailing Address 41 S. MOGER AVENUE

City MOUNT KISCO State NY Zip Code 10549

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 04 / 17 / 2012

Amount of Each Disbursement this Period: 12.00

Transaction ID : SB17.I1128

C. WELLS FARGO

Full Name (Last, First, Middle Initial)
Mailing Address 41 S. MOGER AVENUE

City MOUNT KISCO State NY Zip Code 10549

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 05 / 08 / 2012

Amount of Each Disbursement this Period: 3.00

Transaction ID : SB17.I1197

SUBTOTAL of Disbursements This Page (optional) 247.57

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 134 OF 140	
	<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. WEST HILLS COUNTRY CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 121 GOLF LINKS ROAD		Amount of Each Disbursement this Period 250.00
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1119
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. LEAGUE OF CONSERVATION VOTERS ACTION FUND		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 1920 L ST, NW STE. 800		Amount of Each Disbursement this Period 150.00
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement EARMARKED CONTRIBUTION PROCESSING FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1204
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

FEE FOR EARMARKED CONTRIBUTION FROM MARK HEISING

Full Name (Last, First, Middle Initial) C. PRECISION METALFORMING ASSN. VOICE OF INDU		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 6363 OAK TREE BLVD.		Amount of Each Disbursement this Period 192.33
City INDEPENDENCE State OH Zip Code 44131-2556	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name	Category/Type	Transaction ID : SB17.5470
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

IN-KIND: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional).....	592.33
TOTAL This Period (last page this line number only).....	200537.45

**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 135 OF 140			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. NORA JOHNSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 63 COTTONWOOD LANE		Amount of Each Disbursement this Period 500.00
City BRIARCLIFF	State NY	
Zip Code 10510	Purpose of Disbursement REFUND - OVER LIMIT	Transaction ID : SB20A.I1122
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. MR. RICHARD JOHNSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 63 COTTONWOOD LANE		Amount of Each Disbursement this Period 300.00
City BRIARCLIFF MANOR	State NY	
Zip Code 10510	Purpose of Disbursement REFUND - OVER LIMIT	Transaction ID : SB20A.I1120
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. JOSEPH KIRCHHOFF		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address P.O. BOX 675		Amount of Each Disbursement this Period 500.00
City PLEASANT VALLEY	State NY	
Zip Code 12569	Purpose of Disbursement REFUND - OVER LIMIT	Transaction ID : SB20A.I1121
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	1300.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC 14
Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY 2010
Mailing Address P.O. Box 189		
City Mount Kisco	State NY	ZIP Code 10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	0.00	110000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 26 / Y 2009	M 12 / D 31 / Y 2012	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: 100%;" 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: 100%;" 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: 100%;" 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: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="110000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
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 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 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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TERMS

Date Incurred: M 09 / D 30 / Y 2009 Date Due: M 12 / D 31 / Y 2012 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: []

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

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

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 12 / D 31 / Y 2012 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 0.00 150000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 31 / Y 2010 M 12 / D 31 / Y 2012 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)..... 150000.00

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 30**

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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	12 / 31 / 2012	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: []

SUBTOTALS This Period This Page (optional).....	▶	100000.00
TOTALS This Period (last page in this line only).....	▶	500000.00

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