

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Tom Wilson for Congress

ADDRESS (number and street)

233 Route 17

Check if different  
than previously  
reported. (ACC)

Tuxedo

NY

10987

2. **FEC IDENTIFICATION NUMBER ▼**

C C00511287

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

18

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
06 / 07 / 2012

through

M M / D D / Y Y Y Y  
06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Mary Graetzer

Signature of Treasurer

Ms Mary Graetzer

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
08 / 10 / 2012

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 47

Write or Type Committee Name

Tom Wilson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

	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))....	8950.00	82712.40
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	8950.00	77712.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	40959.10	122724.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	40959.10	122724.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10283.68	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	62958.36	

## 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)

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Write or Type Committee Name

Tom Wilson for Congress

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
06		07		2012

To:

M M	/	D D	/	Y Y Y Y
06		30		2012

**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).....

8100.00

25985.00

(ii) Unitemized.....

850.00

1956.00

(iii) TOTAL of contributions from individuals ▶

8950.00

82612.40

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

100.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

8950.00

82712.40

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

37000.00

88933.36

(b) All Other Loans.....

0.00

2500.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

37000.00

91433.36

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

45950.00

174145.76

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 47

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40959.10	122724.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	28500.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	28500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5000.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	40959.10	156224.27

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5292.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45950.00
25. SUBTOTAL (add Line 23 and Line 24).....	51242.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40959.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10283.68

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

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

FOR LINE NUMBER:

PAGE 5 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

Joan Alleman

A.

Mailing Address 15 Clubhouse Road Ext

City

Tuxedo Park

State

NY

Zip Code

10987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2012

Transaction ID : C4259652

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Christian Bullitt

B.

Mailing Address 209 Buck Ln

City

Haverford

State

PA

Zip Code

19041-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LLR PartnersOccupation  
Private Equity

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		08		2012

Transaction ID : C4201717

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Henry Donahue

C.

Mailing Address 44 Darby Ave

City

Croton On Hudson

State

NY

Zip Code

10520-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PurposeOccupation  
Executive

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		12		2012

Transaction ID : C4205166

Amount of Each Receipt this Period

500.00

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 6 OF 47  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Tom Wilson for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jane Dragone</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2012	
Mailing Address 75 Delafield Island Rd		<b>Transaction ID : C4201189</b>	
City Darien	State CT	Zip Code 06820-6015	Amount of Each Receipt this Period _____ 1500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer N/A - Homemaker	Occupation N/A - Homemaker		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Averill Fisk</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2012	
Mailing Address 1200 S Flagler Dr		<b>Transaction ID : C4256968</b>	
City West Palm Beach	State FL	Zip Code 33401-6710	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self-Employed	Occupation Real Estate		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Trian Koutoufaris</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012	
Mailing Address 5900 Stoney Brook Rd Apt 14308		<b>Transaction ID : C4262604</b>	
City Rogers	State AR	Zip Code 72758-4670	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Walmart Stores Inc.	Occupation Design		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 2000.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

Michael Kraft

A.

Mailing Address 360 Lexington Ave

City

New York

State

NY

Zip Code

10017-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kraft Kennedy

Occupation

Partner

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2012

Transaction ID : C4263089

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Daniel Laukitis

B.

Mailing Address 16 Brook Rd

City

Tuxedo Park

State

NY

Zip Code

10987-4120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

psychologist

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2012

Transaction ID : C4256954

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Louis Meltzer

C.

Mailing Address 36 Sutton Pl S  
14e

City

New York

State

NY

Zip Code

10022-4166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bank of America

Occupation

Wealth advisor

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2012

Transaction ID : C4262325

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tom Wilson for Congress**

Full Name (Last, First, Middle Initial) <b>David Mortimer</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 21 / 2012</b>
Mailing Address <b>PO Box 321</b>		<b>Transaction ID : C4260768</b>
City <b>Harriman</b>	State <b>NY</b>	
Zip Code <b>10926</b>		Amount of Each Receipt this Period <b>350.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> <b>700.00</b>
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Wallace Nobles</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 25 / 2012</b>
Mailing Address <b>401 W 20th St</b>		<b>Transaction ID : C4263097</b>
City <b>Houston</b>	State <b>TX</b>	
Zip Code <b>77008-2403</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> <b>1000.00</b>
Name of Employer Heights Floral	Occupation Florist	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Ronald Reede</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 08 / 2012</b>
Mailing Address <b>180 E 79th St</b> <b>Apt 6F</b>		<b>Transaction ID : C4201772</b>
City <b>New York</b>	State <b>NY</b>	
Zip Code <b>10075-0569</b>		Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> <b>250.00</b>
Name of Employer Lazard Capital Markets	Occupation Investment Banker	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Tom Wilson for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Nirva Sanchez</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2012	
Mailing Address 2062 49th St Astoria		<b>Transaction ID : C4262333</b>	
City Long Island City	State NY	Zip Code 11105-1206	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Property		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Virginia Sloan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2012	
Mailing Address 312 W 17th St		<b>Transaction ID : C4263132</b>	
City Houston	State TX	Zip Code 77008-3902	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>K. Kirk Vaishville</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2012	
Mailing Address 523 E 14th St		<b>Transaction ID : C4262680</b>	
City New York	State NY	Zip Code 10009-2927	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer UBS	Occupation Financial Advisor		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:

PAGE 10 OF 47

(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

ellen zaroff

A.

Mailing Address 37 W 94th St

Apt Bsmt

City

New York

State

NY

Zip Code

10025-7113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
none

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2012

Transaction ID : C4262619

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

8100.00

# **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)

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<input type="checkbox"/> 11a 12	<input checked="" 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)  
**Tom Wilson for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Thomas Wilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012	
Mailing Address 24 Pine Hill Rd		<b>Transaction ID : C4314846</b>	
City Tuxedo Park	State NY	Zip Code 10987-4221	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C H2NY19093			
Name of Employer UBS	Occupation VP-Investments		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 89033.36		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Thomas Wilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2012	
Mailing Address 24 Pine Hill Rd		<b>Transaction ID : C4314847</b>	
City Tuxedo Park	State NY	Zip Code 10987-4221	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C H2NY19093			
Name of Employer UBS	Occupation VP-Investments		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 89033.36		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Thomas Wilson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012	
Mailing Address 24 Pine Hill Rd		<b>Transaction ID : C4314850</b>	
City Tuxedo Park	State NY	Zip Code 10987-4221	Amount of Each Receipt this Period 15000.00
FEC ID number of contributing federal political committee. C H2NY19093			
Name of Employer UBS	Occupation VP-Investments		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 89033.36		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		35000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 47

<input type="checkbox"/> 11a 12	<input checked="" 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)  
**Tom Wilson for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Thomas Wilson</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>29</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		29		2012	
M M	/	D D	/	Y Y Y Y										
06		29		2012										
Mailing Address <b>24 Pine Hill Rd</b>		<b>Transaction ID : C4314851</b>												
City <b>Tuxedo Park</b>	State <b>NY</b>	Zip Code <b>10987-4221</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>2000.00</td> </tr> </table>											2000.00
										2000.00				
FEC ID number of contributing federal political committee. <b>C H2NY19093</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>2000.00</td> </tr> </table>												2000.00
										2000.00				
Name of Employer <b>UBS</b>	Occupation <b>VP-Investments</b>													
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>89033.36</td> </tr> </table>													89033.36
										89033.36				

  

<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>											
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												

  

<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>											
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>2000.00</td> </tr> </table>											2000.00
										2000.00			
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> <td>37000.00</td> </tr> </table>											37000.00
										37000.00			

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 47

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ADS Advertising**

Mailing Address 105 Ann Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

9640.25
---------

Purpose of Disbursement  
Mailing

Candidate Name

Category/  
Type

Transaction ID : D461555

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:

Full Name (Last, First, Middle Initial)

**B. Thomas Aikens**

Mailing Address 20 William Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
Phone Bank

Candidate Name

Category/  
Type

Transaction ID : D461582

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:

Full Name (Last, First, Middle Initial)

**C. Alexis Diner**

Mailing Address 5023 Route 9W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

31.98
-------

Purpose of Disbursement  
lunch meeting

Candidate Name

Category/  
Type

Transaction ID : D447661

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:

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

9822.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Alexis Diner**

Mailing Address 5023 Route 9W

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
lunch meeting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2012

Amount of Each Disbursement this Period

24.84
-------

Transaction ID : D447668

**B. Amber Parking**

Mailing Address 101 13th St

City	State	Zip Code
New York	NY	10003

Purpose of Disbursement  
parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2012

Amount of Each Disbursement this Period

26.00
-------

Transaction ID : D447664

**C. AT&T**

Mailing Address One AT&amp;T Plaza

City	State	Zip Code
Berkeley	CA	94710

Purpose of Disbursement  
cell phones/office supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

Amount of Each Disbursement this Period

54.07
-------

Transaction ID : D447680

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

104.91

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address One AT&amp;T Plaza

City	State	Zip Code
Berkeley	CA	94710

Purpose of Disbursement  
cell phones/office supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

Amount of Each Disbursement this Period

54.07
-------

Transaction ID : D447681

**B. AT&T**

Mailing Address One AT&amp;T Plaza

City	State	Zip Code
Berkeley	CA	94710

Purpose of Disbursement  
cell phones/office supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

Amount of Each Disbursement this Period

54.07
-------

Transaction ID : D447682

**C. AT&T**

Mailing Address One AT&amp;T Plaza

City	State	Zip Code
Berkeley	CA	94710

Purpose of Disbursement  
cell phones/office supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

Amount of Each Disbursement this Period

54.07
-------

Transaction ID : D447678

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

162.21

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Yvonne Barreto**

Mailing Address 274 Walsh Road, 2nd Flr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
New Windsor	NY	12553

Amount of Each Disbursement this Period

240.00
--------

Purpose of Disbursement  
Phone BankCategory/  
Type

Transaction ID : D461563

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Trevor Caesar**

Mailing Address 33 Liberty Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
Phone BankCategory/  
Type

Transaction ID : D461578

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Darwin Calix**

Mailing Address 31 Monument Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

270.00
--------

Purpose of Disbursement  
Phone BankCategory/  
Type

Transaction ID : D461569

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

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

660.00
--------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 47

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Alex Castillo**

Mailing Address 160 Temple Hill Road

City	State	Zip Code
Vails Gate	NY	12584

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

285.00
--------

Transaction ID : D461568

**B. Bianey Castillo**

Mailing Address 160 Temple Hill Road

City	State	Zip Code
Vails Gate	NY	12584

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

285.00
--------

Transaction ID : D461562

**c. Chase Bank**

Mailing Address tuxedo

City	State	Zip Code
Tuxedo Park	NY	10987

Purpose of Disbursement  
b

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : D447679

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

585.00
--------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 47

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Citgo**Mailing Address 2087 ROUTE 9D  
# ACity  
WAPPINGERS FALLSState  
NYZip Code  
12590-3938Purpose of Disbursement  
gas

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2012

Amount of Each Disbursement this Period

74.72
-------

Transaction ID : D447691

**B. Design by Sue**

Mailing Address 128 Liberty St

City  
NewburghState  
NYZip Code  
12550-5632Purpose of Disbursement  
Campaign Materials

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

Amount of Each Disbursement this Period

125.00
--------

Transaction ID : D447658

**c. Tamara Dunlap**

Mailing Address 25 Courtney Avenue

City  
NewburghState  
NYZip Code  
12550Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : D461580

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

349.72

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 47

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Jahneille Edwards**

Mailing Address 115-2c 224th Street

City	State	Zip Code
Cambria Heights	NY	11411

Purpose of Disbursement  
Tuxedo Staff

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

1125.00
---------

Transaction ID : D461559

**B. Jahneille Edwards**

Mailing Address 115-2c 224th Street

City	State	Zip Code
Cambria Heights	NY	11411

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2012

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : D447466

**c. Extended Stay**

Mailing Address 55 W Merritt Blvd

City	State	Zip Code
Fishkill	NY	12524-2242

Purpose of Disbursement  
consulting housing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2012

Amount of Each Disbursement this Period

588.63
--------

Transaction ID : D447686

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

2463.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 47

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Extended Stay**

Mailing Address 55 W Merritt Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2012

City	State	Zip Code
Fishkill	NY	12524-2242

Amount of Each Disbursement this Period

588.63
--------

Transaction ID : D447690

Purpose of Disbursement  
consulting housing

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Extended Stay**

Mailing Address 55 W Merritt Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2012

City	State	Zip Code
Fishkill	NY	12524-2242

Amount of Each Disbursement this Period

627.83
--------

Transaction ID : D447683

Purpose of Disbursement  
consulting housing

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Extended Stay**

Mailing Address 55 W Merritt Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2012

City	State	Zip Code
Fishkill	NY	12524-2242

Amount of Each Disbursement this Period

100.91
--------

Transaction ID : D447684

Purpose of Disbursement  
consulting housing

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

1317.37

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 47

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Jose Garcia**

Mailing Address 544 South Street

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

285.00
--------

Transaction ID : D461567

**B. Richard Garcia**

Mailing Address 18 Washington

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : D461575

**C. Jennifer Gomez**

Mailing Address 3501 Sansom Street

City	State	Zip Code
Philadelphia	PA	19104

Purpose of Disbursement  
Poughkeepsie Office Mgr.

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2012

Amount of Each Disbursement this Period

427.23
--------

Transaction ID : D461558

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

742.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Scarleth Gomez**

Mailing Address 34 Allison Avenue

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

240.00
--------

Transaction ID : D461560

**B. Victoria Harris**

Mailing Address 92 Liberty Street

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

180.00
--------

Transaction ID : D461573

**C. James Hayes**

Mailing Address 899 Little Britain Road

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : D461581

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

570.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Timothy Hayes**

Mailing Address 122 Johnston St 3

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
GOTV

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : D461460

**B. Timothy Hayes**

Mailing Address 122 Johnston St 3

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
GOTV

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : D461584

**c. Debra Haynes**

Mailing Address 19B Walsh Road

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

37.50
-------

Transaction ID : D461572

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

1637.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Jonathan Heppner**

Mailing Address 22 Neher Street

City	State	Zip Code
Woodstock	NY	12498

Purpose of Disbursement  
Campaign Mgr.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2012

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : D461585

**B. Stephanie Hernandez**

Mailing Address 116 West Parmenter

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

240.00
--------

Transaction ID : D461561

**C. Hofstetter and Frangk**

Mailing Address 316 Main Street

City	State	Zip Code
Poughkeepsie	NY	12601

Purpose of Disbursement  
Office Rent - Poughkeepsie

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

Amount of Each Disbursement this Period

625.00
--------

Transaction ID : D447496

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

2365.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Barbara Holtzman**

Mailing Address 80 Jimal Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2012

City	State	Zip Code
Middletown	NY	10940

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
Middletown Office Mgr.Category/  
Type

Transaction ID : D461557

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. John Flowers & the Family Partnership**

Mailing Address 29 North Hamilton Street, Ste. 222

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

City	State	Zip Code
Poughkeepsie	NY	12601

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
DonationCategory/  
Type

Transaction ID : D461446

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. John's of Arthur Avenue**

Mailing Address 19 West Main St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
Middletown	NY	10940

Amount of Each Disbursement this Period

65.00
-------

Purpose of Disbursement  
Campaign EventCategory/  
Type

Transaction ID : D447498

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

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

1865.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. LAZ Parking**

Mailing Address 41 Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
Poughkeepsie	NY	12601

Purpose of Disbursement  
transportation

Amount of Each Disbursement this Period

3.25
------

Transaction ID : D447657

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:

Full Name (Last, First, Middle Initial)

**B. LAZ Parking**

Mailing Address 41 Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2012

City	State	Zip Code
Poughkeepsie	NY	12601

Purpose of Disbursement  
parking

Amount of Each Disbursement this Period

3.25
------

Transaction ID : D447689

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:

Full Name (Last, First, Middle Initial)

**C. Ernesto Lopez**

Mailing Address 188 Dubois Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Amount of Each Disbursement this Period

195.00
--------

Transaction ID : D461566

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:

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

201.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. magic jack**

Mailing Address magicjack.com

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2012

City	State	Zip Code
New York	NY	10014

Amount of Each Disbursement this Period

4.14
------

Purpose of Disbursement  
office suppliesCategory/  
Type

Transaction ID : D447688

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Mayra Martin**

Mailing Address 8 Belleford Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

City	State	Zip Code
Beacon	NY	12508

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
Newburgh Office MgrCategory/  
Type

Transaction ID : D461556

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Mayra Martin**

Mailing Address 8 Belleford Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
Beacon	NY	12508

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
Newburgh Office Mgr.Category/  
Type

Transaction ID : D461576

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

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

1204.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Mayra Martin**

Mailing Address 8 Belleford Lane

City	State	Zip Code
Beacon	NY	12508

Purpose of Disbursement  
Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

389.00
--------

Transaction ID : D461577

**B. Military Order of the Purple Heart**

Mailing Address 11 Dove Ct.

City	State	Zip Code
Croton on Hudson	NY	10520

Purpose of Disbursement  
Tickets for Event

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2012

Amount of Each Disbursement this Period

80.00
-------

Transaction ID : D447461

**C. Sheila Monk**

Mailing Address 27 Varick Homes

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2012

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : D447495

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

669.00
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Bernardo Morales**

Mailing Address 86 Liberty Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

595.00
--------

Purpose of Disbursement  
Phone BankCategory/  
Type

Transaction ID : D461574

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:

Full Name (Last, First, Middle Initial)

**B. Orange County Land Trust**

Mailing Address 10 Mulberry Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

City	State	Zip Code
Middletown	NY	10940

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
event ticketsCategory/  
Type

Transaction ID : D447677

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:

Full Name (Last, First, Middle Initial)

**C. Ashley Ortiz**

Mailing Address 87 Lake Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

285.00
--------

Purpose of Disbursement  
Phone BankCategory/  
Type

Transaction ID : D461565

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:

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

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

595.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Renny Ortiz**

Mailing Address 244 Liberty Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Amount of Each Disbursement this Period

7.50
------

Transaction ID : D461571

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:

Full Name (Last, First, Middle Initial)

**B. Royal Fire Works Press**

Mailing Address PO Box 399

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2012

City	State	Zip Code
Unionville	NY	10988

Purpose of Disbursement  
Campaign Materials

Amount of Each Disbursement this Period

6757.82
---------

Transaction ID : D447497

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:

Full Name (Last, First, Middle Initial)

**C. Al Spivey Jr.**

Mailing Address 404 City Hall

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2012

City	State	Zip Code
Philadelphia	PA	19107

Purpose of Disbursement  
Consulting

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : D447685

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:

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

11765.32

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Al Spivey Jr.**

Mailing Address 404 City Hall

City	State	Zip Code
Philadelphia	PA	19107

Purpose of Disbursement  
Consulting Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

Amount of Each Disbursement this Period

260.00
--------

Transaction ID : D447730

**B. Al Spivey Jr.**

Mailing Address 404 City Hall

City	State	Zip Code
Philadelphia	PA	19107

Purpose of Disbursement  
Consulting Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

Amount of Each Disbursement this Period

140.00
--------

Transaction ID : D447731

**c. Straight Talk**

Mailing Address 9700 NW 112th Ave

City	State	Zip Code
Miami	FL	33178-1353

Purpose of Disbursement  
phones

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

Amount of Each Disbursement this Period

49.43
-------

Transaction ID : D447667

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

449.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Straight Talk**

Mailing Address 9700 NW 112th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
Miami	FL	33178-1353

Purpose of Disbursement  
Phones

Amount of Each Disbursement this Period

49.43
-------

Transaction ID : D447660

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:

Full Name (Last, First, Middle Initial)

**B. Straight Talk**

Mailing Address 9700 NW 112th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
Miami	FL	33178-1353

Purpose of Disbursement  
Phones

Amount of Each Disbursement this Period

49.43
-------

Transaction ID : D447662

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:

Full Name (Last, First, Middle Initial)

**c. Straight Talk**

Mailing Address 9700 NW 112th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
Miami	FL	33178-1353

Purpose of Disbursement  
phones

Amount of Each Disbursement this Period

49.43
-------

Transaction ID : D447663

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:

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

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

148.29



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 47

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Straight Talk**

Mailing Address 9700 NW 112th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
Miami	FL	33178-1353

Amount of Each Disbursement this Period

49.43
-------

Purpose of Disbursement  
phonesCategory/  
Type

Transaction ID : D447669

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:

Full Name (Last, First, Middle Initial)

**B. Sunoco**

Mailing Address 1735 Market St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2012

City	State	Zip Code
Philadelphia	PA	19103-7501

Amount of Each Disbursement this Period

74.83
-------

Purpose of Disbursement  
gasCategory/  
Type

Transaction ID : D447670

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:

Full Name (Last, First, Middle Initial)

**C. Sunoco**

Mailing Address 1735 Market St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2012

City	State	Zip Code
Philadelphia	PA	19103-7501

Amount of Each Disbursement this Period

8.02
------

Purpose of Disbursement  
gasCategory/  
Type

Transaction ID : D447671

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:

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

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

132.28

# **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)

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☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Jaems Thorpe III**

Mailing Address 206 Liberty Street

City State Zip Code  
 Newburgh NY 12550

Purpose of Disbursement  
 GOTV

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 / 19 / 2012

Amount of Each Disbursement this Period

863.52

Transaction ID : D461455

**B. James Thorpe**

Mailing Address 206 Liberty Street

City State Zip Code  
 Newburgh NY 12550

Purpose of Disbursement  
 GOTV

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 / 27 / 2012

Amount of Each Disbursement this Period

1000.00

Transaction ID : D461583

**c. Aracely Trejo**

Mailing Address 78 Vails Gate Heights Drive

City State Zip Code  
 New Windsor NY 12553

Purpose of Disbursement  
 Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 / 27 / 2012

Amount of Each Disbursement this Period

285.00

Transaction ID : D461564

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

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

2148.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Geraldine Vera**

Mailing Address 61 Quassaick Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
New Windsor	NY	12553

Amount of Each Disbursement this Period

240.00
--------

Purpose of Disbursement  
Phone BankCategory/  
Type

Transaction ID : D461570

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:

Full Name (Last, First, Middle Initial)

**B. Verizon**

Mailing Address 140 west street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
New York	NY	10007

Amount of Each Disbursement this Period

54.07
-------

Purpose of Disbursement  
phonesCategory/  
Type

Transaction ID : D447672

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:

Full Name (Last, First, Middle Initial)

**c. Verizon**

Mailing Address 140 west street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
New York	NY	10007

Amount of Each Disbursement this Period

54.07
-------

Purpose of Disbursement  
phonesCategory/  
Type

Transaction ID : D447675

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:

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

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

348.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 288 larkin dr

City	State	Zip Code
Monroe	NY	10950

Purpose of Disbursement  
office supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

Amount of Each Disbursement this Period

107.48
--------

Transaction ID : D447676

**B. Walmart**

Mailing Address 288 larkin dr

City	State	Zip Code
Monroe	NY	10950

Purpose of Disbursement  
office supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2012

Amount of Each Disbursement this Period

42.99
-------

Transaction ID : D447687

**c. Walmart**

Mailing Address 288 larkin dr

City	State	Zip Code
Monroe	NY	10950

Purpose of Disbursement  
office supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

Amount of Each Disbursement this Period

169.22
--------

Transaction ID : D447673

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

319.69

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 288 larkin dr

City	State	Zip Code
Monroe	NY	10950

Purpose of Disbursement  
office supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2012

Amount of Each Disbursement this Period

42.99
-------

Transaction ID : D447674

**B. Walmart**

Mailing Address 288 larkin dr

City	State	Zip Code
Monroe	NY	10950

Purpose of Disbursement  
office supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2012

Amount of Each Disbursement this Period

140.00
--------

Transaction ID : D447653

**C. Lisa Williams**

Mailing Address 68 Lander Street

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : D461579

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

332.99

40959.10

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 38 OF 47

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L563

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Thomas Wilson PERS FUNDS

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

3958.36

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3958.36

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 18 / 2012

Date Due

M M / D D / Y Y Y Y  
none

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)..... ►

3958.36

**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**

PAGE 39 OF 47

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L564

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4000.00

0.00

4000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
01 / 10 / 2012M M / D D / Y Y Y Y  
 / / noneM M / D D / Y Y Y Y  
 / / noneM M / D D / Y Y Y Y  
 / / none

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)..... ►

4000.00

**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**

PAGE 40 OF 47

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L565

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Alyssa Wilson

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 13 / 2012

Date Due

M M / D D / Y Y Y Y  
none

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)..... ►

2500.00

**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**

PAGE 41 OF 47

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L566

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

25000.00

Cumulative Payment To Date

20500.00

Balance Outstanding at Close of This Period

4500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 30 / 2012

Date Due

M M / D D / Y Y Y Y  
none

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)..... ►

4500.00

**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

PAGE 42 OF 47

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L576

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Thomas Wilson

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 21 / 2012

Date Due

M M / D D / Y Y Y Y  
none

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)..... ►

5000.00

**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

PAGE 43 OF 47

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L577

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Thomas Wilson

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

**TERMS**

Date Incurred

M / D / Y  
04 / 15 / 2012

Date Due

M / D / Y  
none

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)..... ►

6000.00

**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

PAGE 44 OF 47

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L619

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Thomas Wilson

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 15 / 2012

Date Due

M M / D D / Y Y Y Y  
none

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)..... ►

10000.00

**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

PAGE 45 OF 47

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L620

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Thomas Wilson

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 20 / 2012

Date Due

M M / D D / Y Y Y Y  
none

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)..... ►

10000.00

**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

PAGE 46 OF 47

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L621

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Thomas Wilson

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 28 / 2012

Date Due

M M / D D / Y Y Y Y  
none

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)..... ►

15000.00

**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

PAGE 47 OF 47

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L622

Tom Wilson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Thomas Wilson

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 29 / 2012

Date Due

M M / D D / Y Y Y Y  
none

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)..... ►

2000.00

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

62958.36

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