

# 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

FRIENDS OF NAN HAYWORTH

ADDRESS (number and street)

P.O. BOX 511

Check if different than previously reported. (ACC)

CHESTER

NY

10918

2. FEC IDENTIFICATION NUMBER ▼

C C00466490

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (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  
07 / 01 / 2014

through

M M / D D / Y Y Y Y  
09 / 30 / 2014

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 BRADLEY T. CRATE

Signature of Treasurer BRADLEY T. CRATE

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
11 / 28 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**FRIENDS OF NAN HAYWORTH**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	432609.14	1544297.74
(b) Total Contribution Refunds (from Line 20(d)) .....	3950.00	17050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	428659.14	1527247.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	691939.75	1444130.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	6032.51	16992.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	685907.24	1427137.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	835720.59	
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).....	1170319.48	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**FRIENDS OF NAN HAYWORTH**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	254003.97	1154436.91
(ii) Unitemized.....	16060.00	54770.39
(iii) TOTAL of contributions from individuals ▶	270063.97	1209207.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	135800.00	258114.43
(d) The Candidate.....	26745.17	76976.01
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	432609.14	1544297.74
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	15330.77	15479.58
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	632060.84
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	632060.84
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	6032.51	16992.25
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.17	51.09
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	453972.59	2208881.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	691939.75	1444130.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	63500.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	63500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	3950.00	12050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3950.00	17050.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	695889.75	1524680.07

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1077637.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	453972.59
25. SUBTOTAL (add Line 23 and Line 24).....	1531610.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	695889.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	835720.59

**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 262  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 200 DIPLOMAT DRIVE  
5K

City State Zip Code  
MOUNT KISCO NY 10549

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

Name of Employer Occupation  
SELF MUSICIAN/TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 22 2014

**Transaction ID : SA11AI.17069**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 200 DIPLOMAT DRIVE  
5K

City State Zip Code  
MOUNT KISCO NY 10549

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

Name of Employer Occupation  
SELF MUSICIAN/TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 19 2014

**Transaction ID : SA11AI.17262**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**JUDITH B. ABEL**

Mailing Address 200 DIPLOMAT DRIVE  
5K

City State Zip Code  
MOUNT KISCO NY 10549

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

Name of Employer Occupation  
SELF MUSICIAN/TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 29 2014

**Transaction ID : SA11AI.17286**

Amount of Each Receipt this Period  
25.00

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

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>JUDITH B. ABEL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 200 DIPLOMAT DRIVE 5K		<b>Transaction ID : SA11AI.17529</b>	
City State Zip Code MOUNT KISCO NY 10549	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 425.00		
Name of Employer Occupation SELF MUSICIAN/TEACHER	Election Cycle-to-Date 425.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00		

Full Name (Last, First, Middle Initial) <b>STEVEN ABEL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 186 DEVON FARMS RD.		<b>Transaction ID : SA11AI.17686</b>	
City State Zip Code STORMVILLE NY 12582	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 3000.00		
Name of Employer Occupation WESTCHESTER DENTAL DENTIST	Election Cycle-to-Date 3000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>PAUL M. ALBERT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 135 MAIN STREET		<b>Transaction ID : SA11AI.17731</b>	
City State Zip Code SOUTH SALEM NY 10590	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1300.00		
Name of Employer Occupation ALBERT INVESTMENTS CHAIRMAN	Election Cycle-to-Date 1300.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	1125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**WILFREDO J. ALVAREZ**

Mailing Address 8500 SW 92 ST  
SUITE 204

City MIAMI State FL Zip Code 33156

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

Name of Employer ALVAREZ & VINUEZA MD'S LLC Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17831**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**ANN P. BARBERA**

Mailing Address 138 WILMONT COURT

City HOPEWELL JUNCTION State NY Zip Code 12533

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.17453**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 54 STONEHOUSE RD.

City SOMERS State NY Zip Code 10589

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

Name of Employer PILKINGTON & LEGGETT Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17828**

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: (check only one)	PAGE 8 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ANNE MARGARET BAUM**

Mailing Address 128 BALDWIN ROAD

City MT KISCO State NY Zip Code 10549

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17565**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID J. BERCK**

Mailing Address 16 ALTA LANE

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PERINATOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17697**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 18 ROCKLEDGE RD

City RYE State NY Zip Code 10580

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

Name of Employer P + E PROPERTIES, INC. Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11AI.17448**

Amount of Each Receipt this Period  
 250.00

**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)	PAGE 9 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CATHERINE BIDDLE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 53 ELMWOOD ROAD		<b>Transaction ID : SA11AI.17705</b>	
City SOUTH SALEM	State NY	Zip Code 10590	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer UNEMPLOYED	Occupation UNEMPLOYED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>B. MR. MARTIN J. BIENENSTOCK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 514 MT. HOLLY RD.		<b>Transaction ID : SA11AI.17481</b>	
City KATONAH	State NY	Zip Code 10536-2405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00	
Name of Employer PROSKANER ROSE LLP	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10400.00		

SEE REATTRIBUTION & REDESIGNATION BELOW;  
EXCESS OF \$400 REFUNDED 11/1/2014

Full Name (Last, First, Middle Initial) <b>C. MR. MARTIN J. BIENENSTOCK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 514 MT. HOLLY RD.		<b>Transaction ID : SA11AI.17481.0</b>	
City KATONAH	State NY	Zip Code 10536-2405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -4800.00	
Name of Employer PROSKANER ROSE LLP	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5600.00		

SEE REATTRIBUTION & REDESIGNATION BELOW  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7200.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 262			
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15				

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 514 MT. HOLLY RD.

City: KATONAH State: NY Zip Code: 10536-2405

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 7600.00

Date of Receipt: 09 / 18 / 2014

**Transaction ID : SA11AI.17481.1**

Amount of Each Receipt this Period: 2400.00

REATTRIBUTED/REDESIGNATED FOR DEBT RETIREMENT  
**[MEMO ITEM]**

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

Mailing Address 514 MT. HOLLY RD.

City: KATONAH State: NY Zip Code: 10536-2405

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 10000.00

Date of Receipt: 09 / 18 / 2014

**Transaction ID : SA11AI.17481.2**

Amount of Each Receipt this Period: 2400.00

REATTRIBUTED/REDESIGNATED FOR DEBT RETIREMENT  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT L. BILLINGSLEY**

Mailing Address 6 RAMPART PASS

City: WACCABUC State: NY Zip Code: 10597

FEC ID number of contributing federal political committee: C

Name of Employer: CASSIDY TURLEY Occupation: REAL ESTATE BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 09 / 23 / 2014

**Transaction ID : SA11AI.17596**

Amount of Each Receipt this Period: 2000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. MAURICIO BITRAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2014	
Mailing Address 633 WEST 28 STREET		<b>Transaction ID : SA11AI.17532</b>	
City MIAMI BEACH	State FL	Zip Code 33140	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer BITRAN, RIVERA, BENDAYAN, MD, LLC	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. JUNE BLANC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2014	
Mailing Address 340 ARMONK ROAD		<b>Transaction ID : SA11AI.17035</b>	
City MOUNT KISCO	State NY	Zip Code 10549	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer UNEMPLOYED	Occupation UNEMPLOYED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. ROGER BLANC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 340 ARMONK ROAD		<b>Transaction ID : SA11AI.17745</b>	
City MOUNT KISCO	State NY	Zip Code 10549	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer WILLKIE FARR 7 GALLAGHER	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 410 PARK AVENUE

City State Zip Code  
NEW YORK NY 10022

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

Name of Employer Occupation  
C. L. KING & ASSOCIATES MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SA11AI.16934**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**ANDREW M. BLUM**

Mailing Address 410 PARK AVENUE

City State Zip Code  
NEW YORK NY 10022

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

Name of Employer Occupation  
C. L. KING & ASSOCIATES MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2014

**Transaction ID : SA11AI.17335**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**JEREMIAH M. BOGERT**

Mailing Address 56 DAVIDS HILL ROAD

City State Zip Code  
BEDFORD HILLS NY 10507

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

Name of Employer Occupation  
SILVERCREST ASSET MANAGEMENT GROU INVESTMENT COUNSELOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2014

**Transaction ID : SA11AI.17603**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIP C. BONANNO**

Mailing Address **47 HAIGHTS CROSS ROAD**

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

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

Name of Employer **THE BREAST INSTITUTE** Occupation **SURGEON**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 20 / 2014**

**Transaction ID : SA11AI.17204**

Amount of Each Receipt this Period  
**1500.00**

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

Mailing Address **21 EAST 87TH STREET 4-A**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 01 / 2014**

**Transaction ID : SA11AI.16925**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **21 EAST 87TH STREET 4-A**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 28 / 2014**

**Transaction ID : SA11AI.17281**

Amount of Each Receipt this Period  
**500.00**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 420 CERVANTES ROAD

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer TPG CAPITAL, LP Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11Al.17544**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT E. BOYETT**

Mailing Address 9600 S.W. 103 ST

City MIAMI State FL Zip Code 33176

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

Name of Employer ROBERT E BOYETT MD LLC Occupation M.D.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Al.17843**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 82 EAST RIDGE ROAD

City WACCABUC State NY Zip Code 10597

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

Name of Employer EAST RIDGE INVESTMENTS, LLC Occupation INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11Al.16983**

Amount of Each Receipt this Period  
500.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>NELLIE A. BRONNER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 149 WEST 136TH ST #1		<b>Transaction ID : SA11AI.17875</b>
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>DR. DAVID L. BRONSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 70 OLD PLANK LANE		<b>Transaction ID : SA11AI.17755</b>
City MORELAND HILLS	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CLEVELAND CLINIC	Occupation PHYSICIAN/EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00	

Full Name (Last, First, Middle Initial) <b>C. EDWARD BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2014
Mailing Address 805 59TH STREET		<b>Transaction ID : SA11AI.17165</b>
City West Des Moines	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer THE IOWA CLINIC, P.C.	Occupation C.E.O.	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 16 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 805 59TH STREET

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer Occupation  
THE IOWA CLINIC, P.C. C.E.O.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.17247**

Amount of Each Receipt this Period  
1500.00

SEE REDESIGNATION BELOW

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

Mailing Address 805 59TH STREET

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer Occupation  
THE IOWA CLINIC, P.C. C.E.O.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.17247.0**

Amount of Each Receipt this Period  
-400.00

SEE REDESIGNATION BELOW

**[MEMO ITEM]**

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

Mailing Address 805 59TH STREET

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer Occupation  
THE IOWA CLINIC, P.C. C.E.O.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.17247.1**

Amount of Each Receipt this Period  
400.00

REDESIGNATED: DEBT RETIREMENT

**[MEMO ITEM]**

**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: PAGE 17 OF 262  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address **26 WOODLAKE DRIVE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 16 2014**

**Transaction ID : SA11AI.17477**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **54 LYONS ROAD**

City State Zip Code  
**COLD SPRING NY 10516**

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

Name of Employer Occupation  
**BLACKSMITH BRANDS, INC. SALES MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 31 2014**

**Transaction ID : SA11AI.17314**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **71 OLD OSCALETA ROAD**

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

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

Name of Employer Occupation  
**TRADE ASSOCIATION MANAGEMENT EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 30 2014**

**Transaction ID : SA11AI.17717**

Amount of Each Receipt this Period  
**500.00**

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

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

**850.00**

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

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

FOR LINE NUMBER: PAGE 18 OF 262  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 13 HASBROUCK DRIVE

City State Zip Code  
POUGHKEEPSIE NY 12603

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

Name of Employer Occupation  
MARIST COLLEGE PROFESSOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 30 2014

**Transaction ID : SA11AI.17763**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**RONALD M. CAMERON**

Mailing Address PO BOX 21440

City State Zip Code  
LITTLE ROCK AR 72221

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

Name of Employer Occupation  
MOUNTAIRE CORP CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 17 2014

**Transaction ID : SA11AI.17013**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**VICTOR J. CANNISTRA**

Mailing Address 2 LAKE DRIVE

City State Zip Code  
SOMERS NY 10589

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

Name of Employer Occupation  
VICTOR J. CANNISTRA CPA, P.C. ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 22 2014

**Transaction ID : SA11AI.17535**

Amount of Each Receipt this Period  
250.00

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 382 OLD QUAKER HILL RD

City PAWLING State NY Zip Code 12564

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17561**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**A. BRADFORD CARD**

Mailing Address 896 HELGA PLACE

City MCLEAN State VA Zip Code 22102

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

Name of Employer CARD + ASSOCIATES Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.17507**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 620 GUARD HILL ROAD

City BEDFORD State NY Zip Code 10506

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

Name of Employer SELF-EMPLOYED Occupation INTERIOR DESIGNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.17191**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH E. CARVIN JR.**

Mailing Address 55 HILLANDALE RD

City RYE BROOK State NY Zip Code 10573

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

Name of Employer ALTIMA PARTNERS Occupation INVESTMENT ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1010.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : SA11AI.17066**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH E. CARVIN JR.**

Mailing Address 55 HILLANDALE RD

City RYE BROOK State NY Zip Code 10573

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

Name of Employer ALTIMA PARTNERS Occupation INVESTMENT ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2010.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : SA11AI.17067**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JAMES CASTRO-BLANCO**

Mailing Address 85 WINDSOR TERRACE

City YONKERS State NY Zip Code 10701

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

Name of Employer WESTCHESTER COUNTY Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.17605**

Amount of Each Receipt this Period  
300.00

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

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

1310.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**LISA M. CATHIE**

Mailing Address **22 CUOMO DR.**

City **HIGHLAND** State **NY** Zip Code **12528**

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

Name of Employer **ULSTER SAVINGS BANK** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 21 / 2014**

**Transaction ID : SA11AI.17004**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **27 FRANKLIN COURT**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 24 / 2014**

**Transaction ID : SA11AI.17226**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **39 DUNBOW DRIVE**

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

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : SA11AI.17337**

Amount of Each Receipt this Period  
**2000.00**

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

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

**2350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. KIRK CLOVE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 26 LEGATO WAY		<b>Transaction ID : SA11Al.17153</b>	
City THE WOODLANDS	State TX	Zip Code 77382	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer CONVERSIO HEALTH	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>B. JUDY L. COCCHIARA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 10 BIRCHWOOD CT		<b>Transaction ID : SA11Al.17511</b>	
City WASHINGTONVILLE	State NY	Zip Code 10992	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer UNITED PARCEL SERVICE	Occupation SYSTEMS PROGRAMMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. ADAM M. COHEN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 145 W. 67TH STREET, #34G		<b>Transaction ID : SA11Al.17084</b>	
City NEW YORK	State NY	Zip Code 10023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer W. P. CAREY INC.	Occupation TAX ACCOUNTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>ADAM M. COHEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 145 W. 67TH STREET, #34G		<b>Transaction ID : SA11AI.17202</b>
City NEW YORK	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer W. P. CAREY INC.	Occupation TAX ACCOUNTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) <b>JOSEPH A. COMERFORD</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1223 ROUTE 82		<b>Transaction ID : SA11AI.16972</b>
City HOPEWELL JUNCTION	State NY	Zip Code 12533
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 295.00	

Full Name (Last, First, Middle Initial) <b>JOSEPH A. COMERFORD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 1223 ROUTE 82		<b>Transaction ID : SA11AI.17268</b>
City HOPEWELL JUNCTION	State NY	Zip Code 12533
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	345.00
<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 24 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 1223 ROUTE 82

City HOPEWELL JUNCTION State NY Zip Code 12533

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **345.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.17485**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 3614 NOTTINGHAM STREET

City HOUSTON State TX Zip Code 77005

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17779**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**INGRID A. CONNOLLY**

Mailing Address P.O. BOX 97

City WACCABUC State NY Zip Code 10597

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.17182**

Amount of Each Receipt this Period  
**200.00**

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

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

**475.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. INGRID A. CONNOLLY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address P.O. BOX 97		<b>Transaction ID : SA11AI.17563</b>	
City WACCABUC	State NY	Zip Code 10597	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) <b>B. JOHN CONNOLLY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 42 WEST 24TH ST		<b>Transaction ID : SA11AI.17688</b>	
City NEW YORK	State NY	Zip Code 10010	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer CASTLE CONNOLLY MEDICAL LTD.	Occupation RESEARCH		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00		

Full Name (Last, First, Middle Initial) <b>C. KEVIN J. CONROY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 47 RIDGE RD		<b>Transaction ID : SA11AI.17665</b>	
City ARDSLEY	State NY	Zip Code 10502	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 750.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 112 DAVIS ROAD

City State Zip Code  
SALT POINT NY 12578

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

Name of Employer Occupation  
TEAHAN & CONSTANTINO ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17866**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JEFF COOK-MCCORMAC**

Mailing Address 99 MAIN STREET

City State Zip Code  
COLD SPRING NY 10516

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

Name of Employer Occupation  
SELF-EMPLOYED PUBLIC AFFAIRS CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11AI.17617**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5 SADDLE LANE

City State Zip Code  
NOVATO CA 94947

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

Name of Employer Occupation  
INSTITUTE OF READING DEVELOPMENT EDUCATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11AI.17073**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN M. CORCORAN**

Mailing Address 340 SOUTH BEDFORD ROAD

City Bedford Corners State NY Zip Code 10549

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

Name of Employer JACKSON LEWIS LP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17776**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH F. COUGHLIN**

Mailing Address 60 PARK DR. N

City RYE State NY Zip Code 10580

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

Name of Employer CORPORATE RISK SOLUTION LLC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17725**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 349 PRAIRIE KNOLL DR

City NAPERVILLE State IL Zip Code 60565

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

Name of Employer J.P. MORGAN Occupation BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.17407**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 38 PARK WAY

City SEA CLIFF State NY Zip Code 11579

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

Name of Employer CHADBOURNE & PARKE, LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.17241**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1491 HAMILTON AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer AMERICAN MEDICAL ASSOCIATION Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.17221**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 315 ROARING BROOK ROAD

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : SA11AI.17285**

Amount of Each Receipt this Period  
250.00

**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: (check only one)	PAGE 29 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH D'AVANZO**

Mailing Address 85 PRIMROSE STREET

City KATONAH State NY Zip Code 10536

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

Name of Employer LEDY-GURREN BASS D'AVANZO & SIFF, LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17538**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 64 WEST SHORE DR

City PUTNAM VALLEY State NY Zip Code 10579

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

Name of Employer EFT NETWORK Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.16969**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 64 WEST SHORE DR

City PUTNAM VALLEY State NY Zip Code 10579

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

Name of Employer EFT NETWORK Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.17271**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 64 WEST SHORE DR

City PUTNAM VALLEY State NY Zip Code 10579

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

Name of Employer EFT NETWORK Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6600.00

Date of Receipt  
09 / 18 / 2014

**Transaction ID : SA11AI.17484**

Amount of Each Receipt this Period  
2000.00

SEE REDESIGNATION BELOW

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

Mailing Address 64 WEST SHORE DR

City PUTNAM VALLEY State NY Zip Code 10579

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

Name of Employer EFT NETWORK Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
09 / 18 / 2014

**Transaction ID : SA11AI.17484.0**

Amount of Each Receipt this Period  
-1400.00

SEE REDESIGNATION BELOW

**[MEMO ITEM]**

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

Mailing Address 64 WEST SHORE DR

City PUTNAM VALLEY State NY Zip Code 10579

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

Name of Employer EFT NETWORK Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5700.00

Date of Receipt  
09 / 18 / 2014

**Transaction ID : SA11AI.17484.1**

Amount of Each Receipt this Period  
500.00

REDESIGNATED: DEBT RETIREMENT

**[MEMO ITEM]**

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 64 WEST SHORE DR

City PUTNAM VALLEY State NY Zip Code 10579

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

Name of Employer EFT NETWORK Occupation CEO

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.17484.2**

Amount of Each Receipt this Period  
 900.00

REDESIGNATED: DEBT RETIREMENT

**[MEMO ITEM]**

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

Mailing Address 64 WEST SHORE DR

City PUTNAM VALLEY State NY Zip Code 10579

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

Name of Employer EFT NETWORK Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17777**

Amount of Each Receipt this Period  
 2000.00

SEE REDESIGNATION BELOW

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

Mailing Address 64 WEST SHORE DR

City PUTNAM VALLEY State NY Zip Code 10579

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

Name of Employer EFT NETWORK Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17777.0**

Amount of Each Receipt this Period  
 -2000.00

SEE REDESIGNATION BELOW

**[MEMO ITEM]**

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. STEVEN DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 64 WEST SHORE DR		<b>Transaction ID : SA11AI.17777.1</b>	
City PUTNAM VALLEY	State NY	Zip Code 10579	Amount of Each Receipt this Period _____ 1500.00 REDESIGNATED: DEBT RETIREMENT
FEC ID number of contributing federal political committee. C			
Name of Employer EFT NETWORK	Occupation CEO		<b>[MEMO ITEM]</b>
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 8100.00		

Full Name (Last, First, Middle Initial) <b>B. STEVEN DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 64 WEST SHORE DR		<b>Transaction ID : SA11AI.17777.2</b>	
City PUTNAM VALLEY	State NY	Zip Code 10579	Amount of Each Receipt this Period _____ 500.00 REDESIGNATED: DEBT RETIREMENT
FEC ID number of contributing federal political committee. C			
Name of Employer EFT NETWORK	Occupation CEO		<b>[MEMO ITEM]</b>
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 8600.00		

Full Name (Last, First, Middle Initial) <b>C. MARK DEFRANCESCO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2014	
Mailing Address 35 TERRELL FARM PLACE		<b>Transaction ID : SA11AI.17192</b>	
City CHESHIRE	State CT	Zip Code 06410	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer WOMEN'S HEALTH CONNECTICUT	Occupation PHYSICIAN		<b>[MEMO ITEM]</b>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 250.00
<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 33 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 35 TERRELL FARM PLACE

City State Zip Code  
CHESHIRE CT 06410

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

Name of Employer Occupation  
WOMEN'S HEALTH CONNECTICUT PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17715**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 20 GOVERNORS LANE

City State Zip Code  
PRINCETON NJ 08540

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

Name of Employer Occupation  
WCG HOLDING CO. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.17265**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 69 WOOD ROAD

City State Zip Code  
BEDFORD HILLS NY 10507

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

Name of Employer Occupation  
VMWARE ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2014

**Transaction ID : SA11AI.17504**

Amount of Each Receipt this Period  
2600.00

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

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

4700.00

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

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

FOR LINE NUMBER: PAGE 34 OF 262  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**WILLEM DE VOGEL**

Mailing Address 115 CHARLIE HILL RD

City State Zip Code  
MILLERTON NY 12546

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : SA11AI.17201**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 401 PEA POND ROAD

City State Zip Code  
KATONAH NY 10536

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

Name of Employer Occupation  
DIAMOND PROPERTIES REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.17028**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 53 WEDGEWOOD DRIVE

City State Zip Code  
GOSHEN NY 10924-2530

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

Name of Employer Occupation  
NEUBERGER BERMAN SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.17359**

Amount of Each Receipt this Period  
100.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address **62 LIDA VISTA AVENUE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : SA11AI.17598**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **622 3RD AVENUE**

City **NEW YORK** State **NY** Zip Code **10017-6707**

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

Name of Employer **ALAN J DLUGASH LLC** Occupation **ACCOUNTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.17457**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES E. DORKEY III**

Mailing Address **205 EAST 69 STREET  
APT. 6C**

City **NEW YORK** State **NY** Zip Code **10021**

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

Name of Employer **MCKENNA, LONG & ALDRIDGE** Occupation **LAWYER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11AI.17243**

Amount of Each Receipt this Period  
**250.00**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES E. DORKEY III**

Mailing Address 205 EAST 69 STREET  
APT. 6C

City NEW YORK State NY Zip Code 10021

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

Name of Employer MCKENNA, LONG & ALDRIDGE Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
453.97

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11Al.17244**

Amount of Each Receipt this Period  
203.97

IN-KIND: CATERING SERVICES

**B.** Full Name (Last, First, Middle Initial)  
**DR. MICHAEL DOYLE**

Mailing Address 3 ELSIE CIRCLE

City CORNWALL ON HUDSON State NY Zip Code 12520

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

Name of Employer U.S. ARMY Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Al.17762**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**JAMES T. DUNCAN III**

Mailing Address 8216 46TH AVE.

City KENOSHA State WI Zip Code 53142

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

Name of Employer UNITED HOSPITAL SYSTEM Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11Al.17666**

Amount of Each Receipt this Period  
100.00

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

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

403.97

**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 37 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICK J. DURKIN**

Mailing Address 132 E. 72ND STREET, #4

City State Zip Code  
NEW YORK NY 10021

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

Name of Employer Occupation  
BARCLAYS CAPITAL BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2014

**Transaction ID : SA11AI.16956**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 4 GEM COURT

City State Zip Code  
NEW CITY NY 10956

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

Name of Employer Occupation  
N. WESTCHESTER RESTORATIVE THERAPY ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.17730**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ADELE EL KAREH**

Mailing Address 135 SPACKENKILL ROAD

City State Zip Code  
POUGHKEEPSIE NY 12603

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.17770**

Amount of Each Receipt this Period  
2600.00

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

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

5100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address **24 WALNUT HILL RD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11AI.17339**

Amount of Each Receipt this Period  
**600.00**

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

Mailing Address **20 BREWER ROAD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17708**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **19 SCHOOLHOUSE ROAD**

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

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

Name of Employer **GOODYEAR** Occupation **V.P. GLOBAL INNOVATION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA11AI.17562**

Amount of Each Receipt this Period  
**100.00**

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

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

**950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**GLENN R. EVERY**

Mailing Address 829 FIDDLERS BRIDGE ROAD

City PHINEBECK State NY Zip Code 12572

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

Name of Employer TONCHE TRANSIT, INC. Occupation BUSINESS EXECUTIVE/ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11Al.17526**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 11 SOUTH LANE

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer PARK SOUTH MEDICAL DENTAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11Al.17572**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD FABBRO**

Mailing Address 38 BRETTON ROAD

City SCARSDALE State NY Zip Code 10583-2762

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

Name of Employer BRETTON OAKS CAPITAL MANAGEMENT Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11Al.17635**

Amount of Each Receipt this Period  
250.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 250 SCUDDERS LANE

City State Zip Code  
ROSLYN HARBOR NY 11576

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

Name of Employer Occupation  
THE BELSTAR GROUP MANAGING PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17765**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4 MACDONALD AVENUE

City State Zip Code  
ARMONK NY 10504

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

Name of Employer Occupation  
FARERI COMPANIES REAL ESTATE DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.17018**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 171 S. WHITEROCK ROAD

City State Zip Code  
HOLMES NY 12531

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17754**

Amount of Each Receipt this Period  
500.00

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

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

1250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD MICHAEL FIDALGO**

Mailing Address 190 ISLAND DR

City State Zip Code  
KEY BISCAWAYNE FL 33149

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

Name of Employer Occupation  
MIAMI OBGYN, LLC M.D.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17839**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 56 MAJESTIC RIDGE

City State Zip Code  
CARMEL NY 10512

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.16976**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 100 MIDWOOD ROAD

City State Zip Code  
GREENWICH CT 06830-3837

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

Name of Employer Occupation  
SELF REAL ESTATE INVESTMENT TRUSTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : SA11AI.17160**

Amount of Each Receipt this Period  
200.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 100 MIDWOOD ROAD

City GREENWICH State CT Zip Code 06830-3837

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

Name of Employer SELF Occupation REAL ESTATE INVESTMENT TRUSTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17852**

Amount of Each Receipt this Period  
200.00

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

Mailing Address P.O. BOX 239

City SEAHURST State WA Zip Code 98062-0239

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

Name of Employer PROLIANCE SURGEONS Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17797**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 189 ANSONIA ROAD

City WOODBRIDGE State CT Zip Code 06525

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

Name of Employer OB GYN & MENOPAUSE PHYSICIANS, PC Occupation OB GYN PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17768**

Amount of Each Receipt this Period  
250.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 322 AVERY ROAD

City State Zip Code  
GARRISON NY 10524

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

Name of Employer Occupation  
MILBANK TWEED LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17767**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**BARRY S. FRIEDBERG**

Mailing Address 134 E 71ST ST

City State Zip Code  
NEW YORK NY 10021

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17848**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**HENRY R. GALLER**

Mailing Address 5 MERCURY AVENUE

City State Zip Code  
MONROE NY 10950-5226

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

Name of Employer Occupation  
HENRY'S ATTIC, INC. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : SA11AI.17161**

Amount of Each Receipt this Period  
300.00

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 906 TAMARACK TRAIL

City State Zip Code  
IOWA CITY IA 52245

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

Name of Employer Occupation  
UNIVERSITY OF IOWA HOSPITALS AND CLIN PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2014

**Transaction ID : SA11AI.17095**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 20 DESBROSSES STREET

City State Zip Code  
NEW YORK NY 10013

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

Name of Employer Occupation  
MSDC MANAGEMENT, L.P. INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17716**

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 1135 BRIDGE POINTE LANE

City State Zip Code  
YORKTOWN HEIGHTS NY 10598

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

Name of Employer Occupation  
CROTON AUTO PARK PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17707**

Amount of Each Receipt this Period  
500.00

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

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address **5 REYNOLDS LANE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

**Transaction ID : SA11AI.17602**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **666 GREENWICH**

City **NEW YORK** State **NY** Zip Code **10014**

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

Name of Employer **NORTH SHORE** Occupation **EXECUTIVE VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.16939**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **255 SOUNDVIEW AVENUE**

City **WHITE PLAINS** State **NY** Zip Code **10606**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17780**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>ANTHONY GRILLO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 110 STREET ROAD		<b>Transaction ID : SA11AI.17343</b>	
City NEW HOPE	State PA	Zip Code 18938	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00	
Name of Employer AMERICAN SECURITIES OPPORTUNITIES M.	Occupation PRIVATE EQUITY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>ANTHONY GRILLO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 110 STREET ROAD		<b>Transaction ID : SA11AI.17343.0</b>	
City NEW HOPE	State PA	Zip Code 18938	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2400.00	
Name of Employer AMERICAN SECURITIES OPPORTUNITIES M.	Occupation PRIVATE EQUITY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SEE REDESIGNATION BELOW  
[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>ANTHONY GRILLO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 110 STREET ROAD		<b>Transaction ID : SA11AI.17343.1</b>	
City NEW HOPE	State PA	Zip Code 18938	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer AMERICAN SECURITIES OPPORTUNITIES M.	Occupation PRIVATE EQUITY		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

REDESIGNATED: DEBT RETIREMENT  
[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ANITA GROVER M.D.**

Mailing Address 514 WEED STREET

City State Zip Code  
NEW CANAAN CT 06840

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

Name of Employer Occupation  
WESTCHESTER HEALTH PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11AI.17119**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**ANITA GROVER M.D.**

Mailing Address 514 WEED STREET

City State Zip Code  
NEW CANAAN CT 06840

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

Name of Employer Occupation  
WESTCHESTER HEALTH PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.17652**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5 PENN PLAZA

City State Zip Code  
NEW YORK NY 10001

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

Name of Employer Occupation  
IKS HEALTH CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2014

**Transaction ID : SA11AI.17198**

Amount of Each Receipt this Period  
2600.00

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>DAVID A. GUTZKE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 2218 SHERIDAN AVE S		<b>Transaction ID : SA11AI.17417</b>	
City MINNEAPOLIS	State MN	Zip Code 55405	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer US BANK	Occupation BANKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>PAUL G. HAAGA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 1743 FAIRMOUNT AVENUE		<b>Transaction ID : SA11AI.16958</b>	
City LA CANADA	State CA	Zip Code 91011	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5200.00		

Full Name (Last, First, Middle Initial) <b>JOHN HAGAN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 409 NW BRIARCLIFF PARKWAY		<b>Transaction ID : SA11AI.16977</b>	
City KANSAS CITY	State MO	Zip Code 64116	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			
Name of Employer DISCOVER VISION CENTERS	Occupation EYE SURGEON		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2950.00
<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 49 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>PETER C. HEIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 101 CENTRAL PARK, W., #14-E		<b>Transaction ID : SA11AI.17846</b>	
City NEW YORK	State NY	Zip Code 10023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00	
Name of Employer WACHTELL UPTON	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>HOWARD HELLWINKEL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 44 FINCH ROAD		<b>Transaction ID : SA11AI.17582</b>	
City NORTH SALEM	State NY	Zip Code 10560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>JONATHAN HELMERICH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address P.O. BOX 52456		<b>Transaction ID : SA11AI.17405</b>	
City TULSA	State OK	Zip Code 74152	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MIDFIRST BANK	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**PETER B. HENNESSY**

Mailing Address 56 INDIAN HILL ROAD

City Bedford State NY Zip Code 10506

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

Name of Employer CASSIDY TURLEY Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11AI.17334**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address P.O. BOX 660

City Bedford State NY Zip Code 10506

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11AI.17637**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 358 GRAPE HOLLOW ROAD

City HOLMES State NY Zip Code 12531-5426

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17742**

Amount of Each Receipt this Period  
 250.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**DR. PETER HERSH**

Mailing Address 1800 LARGER CROSS RD

City FAR HILLS State NJ Zip Code 07931

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

Name of Employer CORNEA & LASER EYE INSTITUTE Occupation OPHTHALMOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17736**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 204 COUNTRY RIDGE DRIVE

City RYE BROOK State NY Zip Code 10573

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.16936**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 204 COUNTRY RIDGE DRIVE

City RYE BROOK State NY Zip Code 10573

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.17668**

Amount of Each Receipt this Period  
2000.00

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 433 JAY STREET

City KATONAH State NY Zip Code 10536

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 01 / 2014**

**Transaction ID : SA11AI.16921**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 6612 MERCER STREET

City HOUSTON State TX Zip Code 77005

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

Name of Employer UT HOUSTON Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17690**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 125 QUASSAICK AVENUE

City NEW WINDSOR State NY Zip Code 12553

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 19 / 2014**

**Transaction ID : SA11AI.17203**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>WILLIAM HOTALING</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2014
Mailing Address 125 QUASSAICK AVENUE		<b>Transaction ID : SA11AI.17503</b>
City NEW WINDSOR	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>JEFFREY HUTH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 140 SHAGBARK LANE		<b>Transaction ID : SA11AI.17695</b>
City HOPEWELL JUNCTION	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BOEHRINGER INGELHEIM PHARMACEUTICA	Occupation MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>MORTON HYMAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 16 BEDFORD CENTER ROAD		<b>Transaction ID : SA11AI.17599</b>
City BEDFORD HILLS	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MPH ENTERPRISES	Occupation PRIVATE INVESTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 54 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 1 VINCENT LANE

City ARMONK State NY Zip Code 10504

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

Name of Employer DLC MANAGEMENT CORPORATION Occupation REAL ESTATE ENTREPRENEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11AI.17058**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 1491 GASTON STREET

City WANTAGH State NY Zip Code 11793

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

Name of Employer SELF Occupation REAL ESTATE MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.17353**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 25 BRISTOL DRIVE

City MIDDLETOWN State NY Zip Code 10941

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17706**

Amount of Each Receipt this Period  
100.00

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

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

2950.00

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

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

FOR LINE NUMBER: PAGE 55 OF 262  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 19 BRADFORD COURT

City State Zip Code  
BREWSTER NY 10509

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

Name of Employer Occupation  
VERIZON DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.17027**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 19 BRADFORD COURT

City State Zip Code  
BREWSTER NY 10509

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

Name of Employer Occupation  
VERIZON DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.17355**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 19 BRADFORD COURT

City State Zip Code  
BREWSTER NY 10509

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

Name of Employer Occupation  
VERIZON DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17693**

Amount of Each Receipt this Period  
100.00

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 12 HARBOR PLACE

City SOUTH SALEM State NY Zip Code 10590

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

Name of Employer SELF-EMPLOYED Occupation MEDICAL PUBLISHING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17771**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 5 FRANKLIN DRIVE

City MAHOPAC State NY Zip Code 10541

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

Name of Employer DELPHI DINER CORP Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17557**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 21 HICKORY DRIVE

City Campbell Hall State NY Zip Code 10916

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

Name of Employer WILSON, ELSER Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.17169**

Amount of Each Receipt this Period  
500.00

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

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

2550.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 121 EAST 60TH STREET  
#9A

City State Zip Code  
NEW YORK NY 10022

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

Name of Employer Occupation  
KARSTEN & JANKOWSKI LLC DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2014

**Transaction ID : SA11Al.17438**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 18 SUNDERLAND LANE

City State Zip Code  
KATONAH NY 10536-3162

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014

**Transaction ID : SA11Al.17467**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 80 PINE STREET, 17TH FLOOR

City State Zip Code  
NEW YORK NY 10005

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

Name of Employer Occupation  
CAHILL, GORDON, REINDELL, LLC ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2014

**Transaction ID : SA11Al.17065**

Amount of Each Receipt this Period  
250.00

**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: (check only one)	PAGE 58 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**JEAN M. KEARNEY**

Mailing Address 51 AVERILL DRIVE

City MAHOPAC State NY Zip Code 10541

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 01 / 2014

**Transaction ID : SA11Al.17324**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 36 LONG POND ROAD

City LAKEVILLE State CT Zip Code 06039

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11Al.17167**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8227 SMITHFIELD AVENUE

City SPRINGFIELD State VA Zip Code 22152

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Al.17787**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>GEORGE W. KETCHUM</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2014
Mailing Address P.O. BOX 288		<b>Transaction ID : SA11AI.17257</b>
City SUGAR LOAF	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PDJ COMPONENTS	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00	

Full Name (Last, First, Middle Initial) <b>GEORGE W. KETCHUM</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address P.O. BOX 288		<b>Transaction ID : SA11AI.17863</b>
City SUGAR LOAF	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PDJ COMPONENTS	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00	

Full Name (Last, First, Middle Initial) <b>VICTOR KHABIE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 25 JOHN CROSS ROAD		<b>Transaction ID : SA11AI.17718</b>
City BEDFORD CORNERS	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SOMERS ORTHO	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 60 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 45 TOWER HILL ROAD

City State Zip Code  
SCARBOROUGH NY 10510

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.17375**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 13562 BRAEMAR DRIVE

City State Zip Code  
DALLAS TX 75234

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

Name of Employer Occupation  
AETNA EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2014

**Transaction ID : SA11AI.17505**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 7 TIMBERWOOD PLACE

City State Zip Code  
SOUTH SALEM NY 10590-2112

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

Name of Employer Occupation  
RAYTHEON CORP. ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11AI.17307**

Amount of Each Receipt this Period  
250.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>MR. LEWIS KOHL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 279 HAWLEY ROAD		<b>Transaction ID : SA11AI.17331</b>	
City NORTH SALEM	State NY	Zip Code 10560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>MR. LEWIS KOHL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 279 HAWLEY ROAD		<b>Transaction ID : SA11AI.17795</b>	
City NORTH SALEM	State NY	Zip Code 10560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6800.00		

SEE REDESIGNATION BELOW

Full Name (Last, First, Middle Initial) <b>MR. LEWIS KOHL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 279 HAWLEY ROAD		<b>Transaction ID : SA11AI.17795.0</b>	
City NORTH SALEM	State NY	Zip Code 10560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1600.00	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SEE REDESIGNATION BELOW  
[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<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 62 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address **279 HAWLEY ROAD**

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

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

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

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17795.1**

Amount of Each Receipt this Period  
**1600.00**

REDESIGNATED: DEBT RETIREMENT

**[MEMO ITEM]**

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

Mailing Address **8 KINGSWOOD ROAD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 12 / 2014**

**Transaction ID : SA11AI.16957**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **326 BONE HOLLOW ROAD**

City **ACCORD** State **NY** Zip Code **12404**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17794**

Amount of Each Receipt this Period  
**25.00**

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

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

**525.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address P.O. BOX 171

City State Zip Code  
LAKE HILL NY 12448

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

Name of Employer Occupation  
MID HUDSON MEDICAL GROUP OPHTHALMOLOGIST/ MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : SA11AI.17547**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 34 SCENIC RIDGE DRIVE

City State Zip Code  
BREWSTER NY 10509

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

Name of Employer Occupation  
BROWN GRUTTADARO GAUJEAN PRATO ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : SA11AI.17578**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1 WEST LAKE DRIVE

City State Zip Code  
TUXEDO PARK NY 10987

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2014

**Transaction ID : SA11AI.16975**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 58 LINDA COURT

City DELMAR State NY Zip Code 12054

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

Name of Employer HEALTHCARE ASSN. OF NEW YORK STATE Occupation GOVT. AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11Al.17008**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 28 RANDOM FARMS CIRCLE

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation ORTHOPEDIC SURGEON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2014

**Transaction ID : SA11Al.17340**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 6405 TREE TOP CIRCLE

City COLUMBIA State MD Zip Code 21045

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

Name of Employer MERCURY STRATEGIES Occupation LOBBYIST/CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : SA11Al.16955**

Amount of Each Receipt this Period  
250.00

**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)	PAGE 65 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**LAURIE J. LANDEAU**

Mailing Address **367 ASHAROKEN AVENUE**

City **NEW YORK** State **NY** Zip Code **11768**

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

Name of Employer **SELF EMPLOYED** Occupation **VETERINARIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 08 / 2014**

**Transaction ID : SA11AI.16950**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **43 GLENWOOD LANE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.17373**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **662 GIPSY TRAIL ROAD**

City **CARMEL** State **NY** Zip Code **10512**

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

Name of Employer **DRYSTONE CAPITAL CORP.** Occupation **C.O.O.**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 16 / 2014**

**Transaction ID : SA11AI.16967**

Amount of Each Receipt this Period  
**25.00**

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

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

**1275.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**CLOYD LAPORTE III**

Mailing Address 662 GIPSY TRAIL ROAD

City State Zip Code  
CARMEL NY 10512

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17580**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. HARVEY H. LEDERMAN**

Mailing Address 8 BRENTWOOD DRIVE

City State Zip Code  
POUGHKEEPSIE NY 12603

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.17487**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**ELLEN B. LEHRMAN**

Mailing Address 100 UPPER LAKE SHORE DRIVE

City State Zip Code  
KATONAH NY 10536

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.17038**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 100 UPPER LAKE SHORE DRIVE

City KATONAH State NY Zip Code 10536

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

Name of Employer LEHRMAN, LEHRMAN & GUTERMAN Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.17492**

Amount of Each Receipt this Period  
**2600.00**

SEE REATTRIBUTION & REDESIGNATION BELOW;  
 EXCESS OF \$1,035 REFUNDED 11/1/2014

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

Mailing Address 100 UPPER LAKE SHORE DRIVE

City KATONAH State NY Zip Code 10536

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

Name of Employer LEHRMAN, LEHRMAN & GUTERMAN Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6235.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.17492.0**

Amount of Each Receipt this Period  
**-1565.00**

SEE REATTRIBUTION & REDESIGNATION BELOW  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**ELLEN B. LEHRMAN**

Mailing Address 100 UPPER LAKE SHORE DRIVE

City KATONAH State NY Zip Code 10536

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.17492.1**

Amount of Each Receipt this Period  
**1200.00**

REATTRIBUTED  
**[MEMO ITEM]**

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

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

**2600.00**

**2600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 100 UPPER LAKE SHORE DRIVE

City State Zip Code  
KATONAH NY 10536

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

Name of Employer Occupation  
LEHRMAN, LEHRMAN & GUTERMAN ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : SA11AI.17492.2**

Amount of Each Receipt this Period  
365.00

REDESIGNATED; DEBT RETIREMENT

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**PETER A. LEIDEL**

Mailing Address 71 OLD STONE HILL ROAD

City State Zip Code  
POUND RIDGE NY 10576

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

Name of Employer Occupation  
YORKTOWN PARTNERS, LLC INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.17880**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 6311 RIVIERA DRIVE

City State Zip Code  
CORAL GABLES FL 33146

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

Name of Employer Occupation  
FEMWELL CHIEF EXECUTIVE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2014

**Transaction ID : SA11AI.17298**

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)	PAGE 69 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**DR. STEPHEN LEONARD**

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.16970**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2014

**Transaction ID : SA11AI.17299**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. STEPHEN LEONARD**

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17733**

Amount of Each Receipt this Period  
250.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**DR. RYAN E. LESH**

Mailing Address 7423 SOUTH BROADWAY

City State Zip Code  
RED HOOK NY 12571

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

Name of Employer Occupation  
NORTH AMERICAN PARTNERS IN ANESTHESIA ANESTHESIOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2014

**Transaction ID : SA11AI.16995**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM S. LESKO**

Mailing Address 864 APACHE ROAD

City State Zip Code  
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation  
NORTH JERSEY EYE ASSOCIATES PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2014

**Transaction ID : SA11AI.17112**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 10 JONES ROAD

City State Zip Code  
WARWICK NY 10990

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

Name of Employer Occupation  
VP, GLOBAL SECURITY METLIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2014

**Transaction ID : SA11AI.17325**

Amount of Each Receipt this Period  
250.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11AI.17077**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 59 PECKSLAND ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4180.23**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17792**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 14 DEVOE ROAD

City CHAPPAQUA State NY Zip Code 10514

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17774**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 20 LINKS CT

City MONROE State NY Zip Code 10950

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

Name of Employer MONROE COUNTY Occupation SR. ASSISTANT DISTRICT ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.17366**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 19 HUNTWOOD PLACE

City MOUNT VERNON State NY Zip Code 10552

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

Name of Employer SELF-EMPLOYED Occupation MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.17039**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 19 HUNTWOOD PLACE

City MOUNT VERNON State NY Zip Code 10552

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

Name of Employer SELF-EMPLOYED Occupation MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.17154**

Amount of Each Receipt this Period  
100.00

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

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

450.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 19 HUNTWOOD PLACE

City MOUNT VERNON State NY Zip Code 10552

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

Name of Employer SELF-EMPLOYED Occupation MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11Al.17318**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 19 HUNTWOOD PLACE

City MOUNT VERNON State NY Zip Code 10552

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

Name of Employer SELF-EMPLOYED Occupation MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11Al.17494**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 19 HUNTWOOD PLACE

City MOUNT VERNON State NY Zip Code 10552

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

Name of Employer SELF-EMPLOYED Occupation MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11Al.17639**

Amount of Each Receipt this Period  
100.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 2001 COUNTRY CLUB PRADO

City State Zip Code  
CORAL GABLES FL 33134

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

Name of Employer Occupation  
SELF PEDIATRICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.17842**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 14 LOWER SHAD ROAD

City State Zip Code  
POUND RIDGE NY 10576

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.17766**

Amount of Each Receipt this Period  
1000.00

SEE REDESIGNATION BELOW; EXCESS OF \$400 REFUNDED ON 11/1/2014

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

Mailing Address 14 LOWER SHAD ROAD

City State Zip Code  
POUND RIDGE NY 10576

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.17766.0**

Amount of Each Receipt this Period  
-400.00

SEE REDESIGNATION BELOW

**[MEMO ITEM]**

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address **14 LOWER SHAD ROAD**

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

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17766.1**

Amount of Each Receipt this Period  
**400.00**  
 REDESIGNATED; DEBT RETIREMENT

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**WARREN J. LUCAS**

Mailing Address **668 TITICUS ROAD**

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

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

Name of Employer **TOWN OF NORTH SALEM** Occupation **SUPERVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 17 / 2014**

**Transaction ID : SA11AI.16984**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**WARREN J. LUCAS**

Mailing Address **668 TITICUS ROAD**

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

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

Name of Employer **TOWN OF NORTH SALEM** Occupation **SUPERVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 28 / 2014**

**Transaction ID : SA11AI.17278**

Amount of Each Receipt this Period  
**100.00**

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

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

**200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**WARREN J. LUCAS**

Mailing Address 668 TITICUS ROAD

City NORTH SALEM State NY Zip Code 10560

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

Name of Employer TOWN OF NORTH SALEM Occupation SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11Al.17374**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**ANTHONY J. MAHLER JR.**

Mailing Address 4661 PALISADE AVENUE

City BRONX State NY Zip Code 10471

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

Name of Employer WESTCHESTER Occupation SENIOR V.P.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Al.17729**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 10 CITY PLACE, #10E

City WHITE PLAINS State NY Zip Code 10601

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PAIN MANAGEMENT SPECIALIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11Al.17086**

Amount of Each Receipt this Period  
**100.00**

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

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

**700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 10 CITY PLACE, #10E

City State Zip Code  
WHITE PLAINS NY 10601

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PAIN MANAGEMENT SPECIALIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.17275**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 10 CITY PLACE, #10E

City State Zip Code  
WHITE PLAINS NY 10601

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PAIN MANAGEMENT SPECIALIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17798**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 146-39 21ST AVENUE

City State Zip Code  
WHITESTONE NY 11357

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17559**

Amount of Each Receipt this Period  
400.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 17 SPLIT TREE DR

City State Zip Code  
WAPPINGERS FALLS NY 12590

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.17164**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 17 SPLIT TREE DR

City State Zip Code  
WAPPINGERS FALLS NY 12590

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
475.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.17252**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 17 SPLIT TREE DR

City State Zip Code  
WAPPINGERS FALLS NY 12590

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11AI.17444**

Amount of Each Receipt this Period  
25.00

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

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. GEORGE A. MATTSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014	
Mailing Address 17 SPLIT TREE DR		<b>Transaction ID : SA11AI.17455</b>	
City WAPPINGERS FALLS	State NY	Zip Code 12590	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 525.00		

Full Name (Last, First, Middle Initial) <b>B. GEORGE A. MATTSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2014	
Mailing Address 17 SPLIT TREE DR		<b>Transaction ID : SA11AI.17508</b>	
City WAPPINGERS FALLS	State NY	Zip Code 12590	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00		

Full Name (Last, First, Middle Initial) <b>C. GEORGE A. MATTSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Mailing Address 17 SPLIT TREE DR		<b>Transaction ID : SA11AI.17663</b>	
City WAPPINGERS FALLS	State NY	Zip Code 12590	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 575.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 24 HIGHLAND AVE.

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer SELF Occupation INVESTMENT ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.17361**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 24 HIGHLAND AVE.

City CHAPPAQUA State NY Zip Code 10514

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

Name of Employer SELF Occupation INVESTMENT ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17569**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 33 LINDY DRIVE

City CARMEL State NY Zip Code 10512

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

Name of Employer MCGRANE CONSULTING, LLC Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11AI.17059**

Amount of Each Receipt this Period  
250.00

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

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

450.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 290 COUNTRY CLUB ROAD

City HOPEWELL JUNCTION State NY Zip Code 12533

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

Name of Employer HEALTHQUEST Occupation ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.17269**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 12 VISTA LANE

City PATTERSON State NY Zip Code 12563

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

Name of Employer GEICO Occupation INSURANCE INVESTIGATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11AI.16985**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 12 VISTA LANE

City PATTERSON State NY Zip Code 12563

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

Name of Employer GEICO Occupation INSURANCE INVESTIGATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11AI.17312**

Amount of Each Receipt this Period  
100.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MCGUIGAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2014	
Mailing Address 12 VISTA LANE		<b>Transaction ID : SA11AI.17622</b>	
City PATTERSON	State NY	Zip Code 12563	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GEICO	Occupation INSURANCE INVESTIGATOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

Full Name (Last, First, Middle Initial) <b>B. ROBERT A. MCGUIRE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 10616 JAGUAR POINT		<b>Transaction ID : SA11AI.17415</b>	
City LONE TREE	State CO	Zip Code 80124	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ROBERT MCGUIRE LAW FIRM	Occupation LAWYER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>C. FLOYD W. MCKINNON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 2 STONY GATE OVAL		<b>Transaction ID : SA11AI.17849</b>	
City NEW ROCHELLE	State NY	Zip Code 10804	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer COTSWORLD	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1200.00		

<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 83 OF 262

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>JAMES MCKINNON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 91 EDGERSTOUNE RD		<b>Transaction ID : SA11AI.17208</b>
City PRINCETON	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer COTSWOLD INDUSTRIES	Occupation TEXTILES	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MARTHA MCKINNON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 91 EDGERSTOUNE ROAD		<b>Transaction ID : SA11AI.17007</b>
City PRINCETON	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation INTERIOR DESIGNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MR. DANIEL B. MCMANUS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 4 WOODS BRIDGE ROAD		<b>Transaction ID : SA11AI.17441</b>
City KATONAH	State NY	Zip Code 10536
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CLARK ASSOCIATES FUNERAL HOME	Occupation DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 84 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 795 HERITAGE HILLS, #C

City SOMERS State NY Zip Code 10589

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11A1.17537**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. BOX 657

City CROSS RIVER State NY Zip Code 10518

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11A1.17418**

Amount of Each Receipt this Period  
5000.00

SEE REDESIGNATION BELOW

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

Mailing Address P.O. BOX 657

City CROSS RIVER State NY Zip Code 10518

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11A1.17418.0**

Amount of Each Receipt this Period  
-5000.00

SEE REDESIGNATION BELOW

**[MEMO ITEM]**

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>PETER MCQUILLAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address P.O. BOX 657		<b>Transaction ID : SA11AI.17418.1</b>	
City CROSS RIVER	State NY	Zip Code 10518	Amount of Each Receipt this Period _____ 2100.00 REDESIGNATED: DEBT RETIREMENT <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

Full Name (Last, First, Middle Initial) <b>PETER MCQUILLAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address P.O. BOX 657		<b>Transaction ID : SA11AI.17418.2</b>	
City CROSS RIVER	State NY	Zip Code 10518	Amount of Each Receipt this Period _____ 2400.00 REDESIGNATED: DEBT RETIREMENT <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5100.00		

Full Name (Last, First, Middle Initial) <b>PETER MCQUILLAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address P.O. BOX 657		<b>Transaction ID : SA11AI.17418.3</b>	
City CROSS RIVER	State NY	Zip Code 10518	Amount of Each Receipt this Period _____ 500.00 REDESIGNATED: DEBT RETIREMENT <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 0.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. JOHN MELKON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address <b>BOX 57</b>		<b>Transaction ID : SA11AI.17274</b>	
City <b>WEST POINT</b>	State <b>NY</b>	Zip Code <b>10996</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>US ARMY</b>	Occupation <b>CONTRACTOR</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 550.00		

Full Name (Last, First, Middle Initial) <b>B. PETER MERCURIO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address <b>73 OLD OSCALETA ROAD</b>		<b>Transaction ID : SA11AI.17093</b>	
City <b>SOUTH SALEM</b>	State <b>NY</b>	Zip Code <b>10590</b>	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>WESTCHESTER HEALTH ASSOC.</b>	Occupation <b>PHYSICIAN</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

Full Name (Last, First, Middle Initial) <b>C. EUGENE MERCY JR.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address <b>1111 PARK AVE</b>		<b>Transaction ID : SA11AI.17879</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10128</b>	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>INVESTOR</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1350.00
<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 87 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 120 HOOK RD

City: BEDFORD State: NY Zip Code: 10506

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: PHOTOGRAPHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 30 / 2014

**Transaction ID : SA11AI.17720**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1165 5TH AVENUE

City: NEW YORK State: NY Zip Code: 10029

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 29 / 2014

**Transaction ID : SA11AI.17683**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 4060 SHERIDAN ST.

City: HOLLYWOOD State: FL Zip Code: 33021

FEC ID number of contributing federal political committee: C

Name of Employer: MINARS DERMATOLOGY Occupation: DERMATOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 30 / 2014

**Transaction ID : SA11AI.17692**

Amount of Each Receipt this Period: 250.00

**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)	PAGE 88 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. DR. DEBORAH M. MOLLO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 46 FOX DEN ROAD		<b>Transaction ID : SA11AI.17727</b>	
City MOUNT KISCO	State NY	Zip Code 10549	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) <b>B. DR. OWEN MONTGOMERY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 450 CHAPEL HEIGHTS ROAD		<b>Transaction ID : SA11AI.17393</b>	
City SEWELL	State NJ	Zip Code 08080	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer DREXEL UNIVERSITY COLLEGE OF MEDICIN	Occupation OBSTETRICIAN-GYNECOLOGIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>C. DONNICA MOORE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 10 DRAKE LANE		<b>Transaction ID : SA11AI.17593</b>	
City CHESTER	State NJ	Zip Code 07930	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SAPPHIRE WOMEN'S HEALTH GROUP	Occupation MD CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>J KEITH MORGAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 65 MORRIS LANE		<b>Transaction ID : SA11AI.17541</b>	
City SCARSDALE	State NY	Zip Code 10583	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>ROBERT MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 98 RIVERSIDE AVENUE		<b>Transaction ID : SA11AI.17480</b>	
City RIVERSIDE	State CT	Zip Code 06878-1619	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer O'CONNOR DAVIES LLP	Occupation CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>BRIAN MURPHY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 11 PRESWICK DRIVE		<b>Transaction ID : SA11AI.17363</b>	
City MONROE	State NY	Zip Code 10950	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address **709 WESTCHESTER AVENUE**

City **WHITE PLAINS** State **NY** Zip Code **10604**

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

Name of Employer **SCHIAVETTI, CORGAN ET AL** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : SA11AI.17316**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**ERIK A. NICOLAYSEN III**

Mailing Address **P.O. BOX 108**

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

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

Name of Employer **NICOLAYSEN AGENCY INC.** Occupation **INSURANCE AGENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : SA11AI.17451**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT H. NIEHAUS**

Mailing Address **770 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10021**

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

Name of Employer **GCP CAPITAL PARTNERS, LLC** Occupation **CHAIRMAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17818**

Amount of Each Receipt this Period  
**2600.00**

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

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

**5700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 1581 OVERHILL STREET

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11AI.17079**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1581 OVERHILL STREET

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17533**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM O'BRIEN**

Mailing Address 27 EAST RIDGE ROAD

City WACCABUC State NY Zip Code 10597

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11AI.17333**

Amount of Each Receipt this Period  
1000.00

**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: PAGE 92 OF 262  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL O'KANE**

Mailing Address 15 SOLURI LANE

City State Zip Code  
TOMKINS COVE NY 10986

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

Name of Employer Occupation  
O'KANE CONSTRUCTION, INC. C.E.O.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 25 2014

**Transaction ID : SA11AI.17240**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. BOX 440

City State Zip Code  
NORTH SALEM NY 10560

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 31 2014

**Transaction ID : SA11AI.17310**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. BOX 440

City State Zip Code  
NORTH SALEM NY 10560

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 30 2014

**Transaction ID : SA11AI.17749**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>AMY OLSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 465 SCHULTZVILLE ROAD		<b>Transaction ID : SA11AI.17062</b>	
City CLINTON CORNERS	State NY	Zip Code 12514	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation ACTRESS		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>DR. JOHN J. ORICCHIO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 5 HEERDT FARM LANE		<b>Transaction ID : SA11AI.17534</b>	
City POUND RIDGE	State NY	Zip Code 10576	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PODIATRIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>PALMER PAGE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 31 MAJOR TALMADGE LANE		<b>Transaction ID : SA11AI.17687</b>	
City POUND RIDGE	State NY	Zip Code 10576	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer STERLING NATIONAL BANK	Occupation BANKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 94 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 570 ANDERSON HILL RD.

City State Zip Code  
PURCHASE NY 10577

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

Name of Employer Occupation  
HARRISON MEDICAL GROUP PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.17212**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 618 TABBYSTONE ST

City State Zip Code  
MARIETTA GA 30064

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

Name of Employer Occupation  
SELF OPHTHALMOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.16960**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1805 215TH STREET, #7M

City State Zip Code  
BAYSIDE NY 11360

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

Name of Employer Occupation  
QUEENS-LONG ISLAND MEDICAL GROUP PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11AI.17618**

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)	PAGE 95 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 93 OLD CHURCH ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer BANK OF AMERICA Occupation MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17700**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 26 WALNUT HILL ROAD

City POUGHKEEPSIE State NY Zip Code 12603

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

Name of Employer MOUNT KISCO MED. GROUP Occupation PEDIATRICS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17753**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**BRUCE G. PENDERGAST**

Mailing Address 75 FALCONER STREET

City BEACON State NY Zip Code 12508

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

Name of Employer PARTNER REINSURANCE COMPANY Occupation ACTUARY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : SA11AI.16992**

Amount of Each Receipt this Period  
50.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>MARY KATE PENDERGAST</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 75 FALCONER ST		<b>Transaction ID : SA11AI.17677</b>	
City BEACON	State NY	Zip Code 12508	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>DR. JERRY PENSO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2014	
Mailing Address 400 MADISON ST.		<b>Transaction ID : SA11AI.17042</b>	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer AMERICAN MEDICAL GROUP ASSOCIATION	Occupation CHIEF MEDICAL OFFICER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>KATHERINE PETITTI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 115 STONE BRIDGE LANE		<b>Transaction ID : SA11AI.17723</b>	
City BEDFORD HILLS	State NY	Zip Code 10507	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer KTG DESIGN STUDIO	Occupation ARTIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1250.00
<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 97 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>TED PETRILLO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2014
Mailing Address 157 STONY BROOK RD		<b>Transaction ID : SA11AI.17006</b>
City FISHKILL	State NY	Zip Code 12524
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer WESTAGE COMPANIES	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00	

Full Name (Last, First, Middle Initial) <b>EDWARD F. PHILLIPS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 7000 SW 62 AVE APT 350		<b>Transaction ID : SA11AI.17833</b>
City MIAMI	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer ED PHILLIPS MD, LLC	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>DAVID POTACK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2014
Mailing Address 67 RANDOM FARMS DR		<b>Transaction ID : SA11AI.17348</b>
City CHAPPAQUA	State NY	Zip Code 10514
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer UNITEX	Occupation VP SALES & MARKETING	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 98 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>REYNALD POULIOT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 265 B COMMERCIAL BLVD		<b>Transaction ID : SA11AI.17835</b>
City LAUDERDALE BY THE SEA	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer POULIOT, COE AND FAHEY, LLC	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>CAROL PRESTIANO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2014
Mailing Address 27 DEERFIELD LANE		<b>Transaction ID : SA11AI.17536</b>
City CORTLANDT MANOR	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>DR. THOMAS F. PURDON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 706 E. BENT BRANCH PLACE		<b>Transaction ID : SA11AI.17793</b>
City GREEN VALLEY	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 99 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**D. KEVIN QUIGLEY**

Mailing Address 15 WILLIS AVENUE

City: CORNWALL ON HUDSON State: NY Zip Code: 12520

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

Name of Employer: QUIGLEY BROS. FUNERAL HOME, INC. Occupation: FUNERAL DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 12 / 2014

**Transaction ID : SA11Al.17456**

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN W. RABE**

Mailing Address 210 E 47TH ST., APT 9C

City: NEW YORK State: NY Zip Code: 10017

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

Name of Employer: PGM, INC. Occupation: SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 07 / 26 / 2014

**Transaction ID : SA11Al.17043**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**CLYDE E. RANKIN III**

Mailing Address 10 W. 66TH STREET, #18F

City: NEW YORK State: NY Zip Code: 10023

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

Name of Employer: BAKER & MCKENZIE, LLP Occupation: ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 25 / 2014

**Transaction ID : SA11Al.17246**

Amount of Each Receipt this Period: 1000.00

**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)	PAGE 100 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 675 N. BIRCH HILL RD.

City: PATTERSON State: NY Zip Code: 12563

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 12 / 2014

**Transaction ID : SA11AI.17378**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 3708 HABERSHAM LN

City: BERKELEY LAKE State: GA Zip Code: 30096

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 08 / 08 / 2014

**Transaction ID : SA11AI.17173**

Amount of Each Receipt this Period: 750.00

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT MCALISTER REAGAN**

Mailing Address 3340 TOLEDO TERRACE  
APT. 468

City: HYATTSVILLE State: MD Zip Code: 20782

FEC ID number of contributing federal political committee: C

Name of Employer: THE NATIONAL CENTER FOR PUBLIC POLIC Occupation: MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 19 / 2014

**Transaction ID : SA11AI.16998**

Amount of Each Receipt this Period: 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. SCOTT MCALISTER REAGAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 3340 TOLEDO TERRACE APT. 468		<b>Transaction ID : SA11AI.17092</b>
City HYATTSVILLE	State MD	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 400.00
Name of Employer THE NATIONAL CENTER FOR PUBLIC POLIC	Occupation MANAGER	Amount of Each Receipt this Period 650.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 650.00		

Full Name (Last, First, Middle Initial) <b>B. SCOTT MCALISTER REAGAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 3340 TOLEDO TERRACE APT. 468		<b>Transaction ID : SA11AI.17174</b>
City HYATTSVILLE	State MD	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer THE NATIONAL CENTER FOR PUBLIC POLIC	Occupation MANAGER	Amount of Each Receipt this Period 1150.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 1150.00		

Full Name (Last, First, Middle Initial) <b>C. PETER REBENWURZEL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1499 CONEY ISLAND AVE		<b>Transaction ID : SA11AI.17894</b>
City BROOKLYN	State NY	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE OWNER/MNGR.	Amount of Each Receipt this Period 2600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Election Cycle-to-Date 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>ALEXANDER REESE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2014
Mailing Address P.O. BOX 230		<b>Transaction ID : SA11AI.17349</b>
City HUGHSONVILLE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>RONALD RETTNER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 34 BONWIT ROAD		<b>Transaction ID : SA11AI.17892</b>
City RYE BROOK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer RETTNER MANAGEMENT CORP.	Occupation REAL ESTATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>THOMAS RICE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2014
Mailing Address 71 CHERRY HILL COURT		<b>Transaction ID : SA11AI.17595</b>
City BRIARCLIFF MANOR	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

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

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

FOR LINE NUMBER: PAGE 103 OF 262  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**STUART H. RICKETT**

Mailing Address 107 BANNON AVENUE

City State Zip Code  
BUCHANAN NY 10511

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

Name of Employer Occupation  
SELF DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 25 2014

**Transaction ID : SA11AI.17248**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. BOX 228

City State Zip Code  
POUND RIDGE NY 10576-0228

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 30 2014

**Transaction ID : SA11AI.17295**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**LYDA ROJAS CARROLL**

Mailing Address 180 STEBBINS ROAD

City State Zip Code  
CARMEL NY 10512-3842

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 30 2014

**Transaction ID : SA11AI.17293**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 113 BUXTON RD

City Bedford Hills State NY Zip Code 10507

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

Name of Employer Occupation  
FRESENIUS MEDICAL CARE PATHOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 06 / 2014

**Transaction ID : SA11AI.16940**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. BOX 657

City Cross River State NY Zip Code 10518

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

Name of Employer Occupation  
ROSE ASSOCIATES, INC. REAL ESTATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2014

**Transaction ID : SA11AI.17304**

Amount of Each Receipt this Period  
1100.00

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

Mailing Address P.O. BOX 657

City Cross River State NY Zip Code 10518

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

Name of Employer Occupation  
ROSE ASSOCIATES, INC. REAL ESTATE INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.17420**

Amount of Each Receipt this Period  
2500.00

DEBT RETIREMENT

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

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

3850.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. ADAM ROSE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address P.O. BOX 657		<b>Transaction ID : SA11Al.17421</b>	
City CROSS RIVER	State NY	Zip Code 10518	Amount of Each Receipt this Period 2500.00 SEE REDESIGNATION BELOW
FEC ID number of contributing federal political committee. C			
Name of Employer ROSE ASSOCIATES, INC.	Occupation REAL ESTATE INVESTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7600.00		

Full Name (Last, First, Middle Initial) <b>B. ADAM ROSE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address P.O. BOX 657		<b>Transaction ID : SA11Al.17421.0</b>	
City CROSS RIVER	State NY	Zip Code 10518	Amount of Each Receipt this Period -1000.00 SEE REDESIGNATION BELOW <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee. C			
Name of Employer ROSE ASSOCIATES, INC.	Occupation REAL ESTATE INVESTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6600.00		

Full Name (Last, First, Middle Initial) <b>C. ADAM ROSE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address P.O. BOX 657		<b>Transaction ID : SA11Al.17421.1</b>	
City CROSS RIVER	State NY	Zip Code 10518	Amount of Each Receipt this Period 1000.00 REDESIGNATED: DEBT RETIREMENT <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee. C			
Name of Employer ROSE ASSOCIATES, INC.	Occupation REAL ESTATE INVESTOR		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7600.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>MARK L. ROSEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 744 FOREST AVENUE		<b>Transaction ID : SA11AI.17724</b>	
City LARCHMONT	State NY	Zip Code 10538	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer ADECCO	Occupation SENIOR VICE PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>RICHARD B. ROWLEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 99 CLINTON STREET 2ND FLOOR		<b>Transaction ID : SA11AI.17746</b>	
City MONTGOMERY	State NY	Zip Code 12549	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer LIBERTYVILLE CAPITAL GROUP II	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>DOUGLAS B. RUBIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 45 LAUREL DRIVE		<b>Transaction ID : SA11AI.17388</b>	
City PRINCETON	State NJ	Zip Code 08540	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 81.00	
Name of Employer NCS TECHNOLOGIES	Occupation ANALYST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 281.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1181.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 638 DANBURY ROAD, #48

City State Zip Code  
RIDGEFIELD CT 06877-2728

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

Name of Employer Occupation  
NORTHERN WESTCHESTER HOSPITAL PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : SA11AI.17159**

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
**SHANNON M. RUSSELL**

Mailing Address 4277 35TH STREET S  
APT. B-1

City State Zip Code  
ARLINGTON VA 22206

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

Name of Employer Occupation  
AARP FEDERAL STRATEGY ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17799**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 129 FAIRFAX ROAD

City State Zip Code  
MASSAPEQUA NY 11758

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : SA11AI.16953**

Amount of Each Receipt this Period  
1000.00

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

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT D. RYAN**

Mailing Address 1039 ROUTE 35

City CROSS RIVER State NY Zip Code 10518-1114

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

Name of Employer RENDE RYAN & DOWNES, LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.17222**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 13627 DEERING BAY DR NO. 501

City CORAL GABLES State FL Zip Code 33158

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17837**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**ANDREW M. SAUL**

Mailing Address 9 WEST 57TH ST SUITE 3405

City NEW YORK State NY Zip Code 10019

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

Name of Employer SAUL PARTNERS Occupation GENERAL PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17845**

Amount of Each Receipt this Period  
5000.00  
SEE REDESIGNATION BELOW

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

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

6250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. ANDREW M. SAUL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 9 WEST 57TH ST SUITE 3405		<b>Transaction ID : SA11Al.17845.0</b>	
City NEW YORK	State NY	Zip Code 10019	Amount of Each Receipt this Period -2400.00 SEE REDESIGNATION BELOW <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee. C			
Name of Employer SAUL PARTNERS	Occupation GENERAL PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. ANDREW M. SAUL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 9 WEST 57TH ST SUITE 3405		<b>Transaction ID : SA11Al.17845.1</b>	
City NEW YORK	State NY	Zip Code 10019	Amount of Each Receipt this Period 2400.00 REDESIGNATED: DEBT RETIREMENT <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee. C			
Name of Employer SAUL PARTNERS	Occupation GENERAL PARTNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>C. ROBERT LOUIS SAVINO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 565 PENNSYLVANIA AVE NW APT 808		<b>Transaction ID : SA11Al.17674</b>	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address **452 W. 19TH STREET, #3C**

City **NEW YORK** State **NY** Zip Code **10011**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 30 / 2014**

**Transaction ID : SA11AI.17303**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **2544 SE VICKSBURG ST**

City **BARTLESVILLE** State **OK** Zip Code **74006**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17721**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **P. O. BOX 431**

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

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17722**

Amount of Each Receipt this Period  
**2500.00**

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

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

**3100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**MS. BEATRIZ V. SCHWEITZER**

Mailing Address 330 NW BRANDON DRIVE

City State Zip Code  
PULLMAN WA 99163

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

Name of Employer Occupation  
SCHWEITZER ENGINEERING LABS BUSINESS DEVELOPMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.17184**

Amount of Each Receipt this Period  
2250.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. EDMUND O. SCHWEITZER III**

Mailing Address 330 NW BRANDON DRIVE

City State Zip Code  
PULLMAN WA 99163

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

Name of Employer Occupation  
SCHWEITZER ENGINEERING LABS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.17186**

Amount of Each Receipt this Period  
2250.00

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

Mailing Address 36 GELLATLY DRIVE

City State Zip Code  
WAPPINGERS FALLS NY 12590

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17741**

Amount of Each Receipt this Period  
1000.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**DR. JANET SERLE**

Mailing Address 151 E. 85TH STREET, #11E

City State Zip Code  
NEW YORK NY 10028

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

Name of Employer Occupation  
MOUNT SINAI SCHOOL OF MEDICINE OPHTHALMOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA11AI.17088**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. DANIEL SHAPIRO**

Mailing Address 9 DICKSON LANE

City State Zip Code  
MOUNT KISCO NY 10549

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP OPHTHALMOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.17395**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. DANIEL SHAPIRO**

Mailing Address 9 DICKSON LANE

City State Zip Code  
MOUNT KISCO NY 10549

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP OPHTHALMOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2014

**Transaction ID : SA11AI.17531**

Amount of Each Receipt this Period  
1000.00

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

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

1600.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address 50 VOORHIS DR

City State Zip Code  
OLD BETHPAGE NM 11118

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

Name of Employer Occupation  
NSLIJ HEALTH SYSTEM ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SA11AI.16927**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**F. MICHAEL SHAW M.D.**

Mailing Address 2 CHERRY HILL COURT

City State Zip Code  
BRIARCLIFF MANOR NY 10510

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2014

**Transaction ID : SA11AI.17056**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**F. MICHAEL SHAW M.D.**

Mailing Address 2 CHERRY HILL COURT

City State Zip Code  
BRIARCLIFF MANOR NY 10510

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

Name of Employer Occupation  
MOUNT KISCO MEDICAL GROUP OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.17891**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 114 OF 262  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

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

Mailing Address **416 WORTHINGTON AVENUE**

City **SPRING LAKE** State **NJ** Zip Code **07762**

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

Name of Employer **CLOTHES LINES UNLIMITED LLC** Occupation **CHIEF FINANCIAL OFFICER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.17747**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**ALVIN H. SHRAGO**

Mailing Address **153 JAY COURT**

City **CROSS RIVER** State **NY** Zip Code **10518**

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

Name of Employer **UBS A.G.** Occupation **BANKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA11AI.17545**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **77 OLD LOGGING ROAD**

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

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : SA11AI.17306**

Amount of Each Receipt this Period  
**1000.00**

**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)	PAGE 115 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. F. RANDALL SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 325 E. 53RD STREET, #3		<b>Transaction ID : SA11AI.17864</b>	
City NEW YORK	State NY	Zip Code 10022	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer CAPITAL COUNSEL, LLC	Occupation INVESTMENT ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. KAREN CONWELL SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 1110 3RD STREET SE		<b>Transaction ID : SA11AI.17124</b>	
City WASHINGTON	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. CLINTON I. SMULLYAN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 18 EAST 48TH STREET 19TH FLOOR		<b>Transaction ID : SA11AI.17190</b>	
City NEW YORK	State NY	Zip Code 10017	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MOSBACHER PROPERTIES GROUP, LLC	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3850.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**CLINTON I. SMULLYAN**

Mailing Address 18 EAST 48TH STREET  
19TH FLOOR

City NEW YORK State NY Zip Code 10017

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

Name of Employer MOSBACHER PROPERTIES GROUP, LLC Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.17483**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CLINTON I. SMULLYAN**

Mailing Address 18 EAST 48TH STREET  
19TH FLOOR

City NEW YORK State NY Zip Code 10017

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

Name of Employer MOSBACHER PROPERTIES GROUP, LLC Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.17645**

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN M. SOLD**

Mailing Address 2 HIXON ROAD

City CROTON ON HUDSON State NY Zip Code 10520

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

Name of Employer PILKINGTON & LEGGETT P.C. Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17862**

Amount of Each Receipt this Period  
1000.00

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM D. SPAIN JR.**

Mailing Address 191 EAST LAKE BLVD.

City MAHOPAC State NY Zip Code 10541

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

Name of Employer SPAIN & SPAIN, PC Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11Al.17647**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3834 N PASEO DEL SOL

City MESA State AZ Zip Code 85207

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

Name of Employer SELF Occupation OPHTHALMOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11Al.17465**

Amount of Each Receipt this Period  
100.00

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

Mailing Address P.O. BOX 8000

City NEW YORK State NY Zip Code 10022

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

Name of Employer JOSHUA STEIN PLLC Occupation REAL ESTATE ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11Al.17675**

Amount of Each Receipt this Period  
250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT STEINBERG**

Mailing Address 17 WESTBROOK ROAD

City NEWBURGH State NY Zip Code 12550

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.17001**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT STEINBERG**

Mailing Address 17 WESTBROOK ROAD

City NEWBURGH State NY Zip Code 12550

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2014

**Transaction ID : SA11AI.17294**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT STEINBERG**

Mailing Address 17 WESTBROOK ROAD

City NEWBURGH State NY Zip Code 12550

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17696**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. SOLOMON S. STEINER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 24 OLD WAGON ROAD		<b>Transaction ID : SA11AI.17493</b>	
City MOUNT KISCO	State NY	Zip Code 10549	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer STEINER VENTURES	Occupation MANAGING PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00		

Full Name (Last, First, Middle Initial) <b>B. JUDY STEINHARDT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 428 CROTON LAKE RD		<b>Transaction ID : SA11AI.17826</b>	
City MOUNT KISCO	State NY	Zip Code 10549	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500.00	
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7700.00		
		REFUNDED 11/1/2014	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL H. STEINHARDT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 712 5TH AVENUE FLOOR 34		<b>Transaction ID : SA11AI.17829</b>	
City NEW YORK	State NY	Zip Code 10019	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 700.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5900.00		
		REFUNDED 11/1/2014	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3700.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**WARREN A. STEPHENS**

Mailing Address 111 CENTER ST

City LITTLE ROCK State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C**

Name of Employer STEPHENS INC. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.17024**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SY STERNBERG**

Mailing Address 9 STONELEIGH MANOR LN.

City PURCHASE State NY Zip Code 10577

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.17452**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**ROY A. STILLMAN**

Mailing Address 72 GIRDLE RIDGE DRIVE

City KATONAH State NY Zip Code 10536

FEC ID number of contributing federal political committee. **C**

Name of Employer STILLMAN MANAGEMENT Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.17251**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4600.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD STOCKBURGER**

Mailing Address 50 OAK STREET

City State Zip Code  
BREWSTER NY 10509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.17608**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**NEAL STROHMEYER**

Mailing Address 92 PINE HILL ROAD

City State Zip Code  
TUXEDO PARK NY 10987

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TRIANGLE MANUFACTURING CO. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.17608**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**NEAL STROHMEYER**

Mailing Address 92 PINE HILL ROAD

City State Zip Code  
TUXEDO PARK NY 10987

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TRIANGLE MANUFACTURING CO. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2014

**Transaction ID : SA11AI.17297**

Amount of Each Receipt this Period  
250.00

**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: (check only one)	PAGE 122 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. MARGARET S. SUAREZ</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 725 N ISLAND DR NW		<b>Transaction ID : SA11AI.17860</b>	
City ATLANTA State GA Zip Code 30327	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation INFORMATION REQUESTED Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MARGARET S. SUAREZ</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 725 N ISLAND DR NW		<b>Transaction ID : SA11AI.17861</b>	
City ATLANTA State GA Zip Code 30327	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation INFORMATION REQUESTED Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. RAMON A. SUAREZ</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 725 N. ISLAND DRIVE, NW		<b>Transaction ID : SA11AI.17016</b>	
City ATLANTA State GA Zip Code 30327	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation ATLANTA WOMEN'S HEALTHCARE SPECIAL OBSTETRICIAN-GYNECOLOGIST Occupation OBSTETRICIAN-GYNECOLOGIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

<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: (check only one)	PAGE 123 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**MARTIN SUCHY**

Mailing Address 16 HIGHVIEW DR

City MIDDLETOWN State NY Zip Code 10941

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11AI.17263**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 16 / 2014**

**Transaction ID : SA11AI.16966**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 16 / 2014**

**Transaction ID : SA11AI.16978**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 16 / 2014**

**Transaction ID : SA11AI.17196**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL J. SUDLIK**

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11AI.17466**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**ALAN SURMAN**

Mailing Address PO BOX 234

City PAWLING State NY Zip Code 12564

FEC ID number of contributing federal political committee. **C**

Name of Employer HEWLETT PACKARD Occupation TECHNICAL CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 17 / 2014**

**Transaction ID : SA11AI.17516**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**200.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES SWIRE**

Mailing Address 4 MILL POND LANE

City State Zip Code  
NEW ROCHELLE NY 10805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WILMER CUTLER PICKERING HALE AND DOI ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.17392**

Amount of Each Receipt this Period  
15.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT TANNOR**

Mailing Address 150 GRAND STREET

City State Zip Code  
WHITE PLAINS NY 10601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TCM PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.17710**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**JEAN TELLJOHANN**

Mailing Address 50 RIVERSIDE DRIVE, #11B

City State Zip Code  
NEW YORK NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2014

**Transaction ID : SA11AI.17193**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3115.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**MARK J. THOMPSON**

Mailing Address 13 WHIPPOORWILL ROAD

City ARMONK State NY Zip Code 10504

FEC ID number of contributing federal political committee. **C**

Name of Employer SIMPSON, THACHER & BARTLETT, LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.17479**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ASHWINI P. TIMBLO**

Mailing Address 5 PENN PLZ

City NEW YORK State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer ENTREPRENEUR Occupation SELF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2014

**Transaction ID : SA11AI.17228**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**DAWN M. TINGER**

Mailing Address 136 DORCHESTER DRIVE

City YORKTOWN HEIGHTS State NY Zip Code 10598

FEC ID number of contributing federal political committee. **C**

Name of Employer ALFRED TINGER, M.D., P.L. Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17548**

Amount of Each Receipt this Period  
1600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. JAMES S. TISCH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 667 MADISON AVE		<b>Transaction ID : SA11AI.17851</b>
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer LOEWS CORP	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. DONALD TOBER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2014
Mailing Address 620 PARK AVENUE		<b>Transaction ID : SA11AI.17267</b>
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SUGAR FOODS CORPORATION	Occupation CHAIRMAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. DR. CHARLES TRESSLER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address 3 ROSEMARY COURT		<b>Transaction ID : SA11AI.16973</b>
City YORKTOWN HEIGHTS	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer PFIZER	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2050.00
<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 128 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**MICHELLE H. TUCHMAN**

Mailing Address 1258 CHURCH RD

City State Zip Code  
SAUGERTIES NY 12477

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALBANY STRATEGIC ADVISORS DIRECTOR OF CLIENT SERVICES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.17651**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. JOHN M. UHORCHAK**

Mailing Address P.O. BOX 525

City State Zip Code  
CORNWALL NY 12518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OSMDS PHYSICIAN/TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
299.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17764**

Amount of Each Receipt this Period  
199.00

**C.** Full Name (Last, First, Middle Initial)  
**ELAINE ULLRICH**

Mailing Address 65 OLD ASPETONG RD

City State Zip Code  
KATONAH NY 10536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : SA11AI.17063**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

699.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ELINOR F. URSTADT**

Mailing Address **6 BEECHWOOD ROAD**

City **BRONXVILLE** State **NY** Zip Code **10708**

FEC ID number of contributing federal political committee. **C**

Name of Employer **URSTADT BIDDLE PROPERTIES** Occupation **CHAIRMAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : SA11AI.17437**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT VALLAR**

Mailing Address **108 GUARD HILL ROAD**

City **BEDFORD CORNERS** State **NY** Zip Code **10549**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GUARD HILL ADVISORS** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3040.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 17 / 2014**

**Transaction ID : SA11AI.16981**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT VALLAR**

Mailing Address **108 GUARD HILL ROAD**

City **BEDFORD CORNERS** State **NY** Zip Code **10549**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GUARD HILL ADVISORS** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3290.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.17352**

Amount of Each Receipt this Period  
**250.00**

**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)	PAGE 130 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**CARL D. VANDEMARK**

Mailing Address 189 VALLEY RD

City KATONAH State NY Zip Code 10536

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.17672**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JAN F. VAN ECK**

Mailing Address 8 PURITAN WOODS DRIVE

City RYE State NY Zip Code 10580

FEC ID number of contributing federal political committee. **C**

Name of Employer VAN ECK GLOBAL Occupation FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11AI.17439**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**ANDREW VARGA**

Mailing Address 26 SLATE HILL DRIVE

City POUGHKEEPSIE State NY Zip Code 12603

FEC ID number of contributing federal political committee. **C**

Name of Employer CELESTICA LLC Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.17272**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREW VARGA**

Mailing Address **26 SLATE HILL DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CELESTICA LLC** Occupation **MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11AI.17470**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**DAVID VENDITTI**

Mailing Address **14 ROSEMONT LANE**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GAINES, NOVICK, PONZINI, COSSU & VENDI** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA11AI.17577**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**JAVIER VIZOSO**

Mailing Address **1114 HARDEE RD**

City **CORAL GABLES** State **FL** Zip Code **33146**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SOUTH MIAMI OBGYN ASSOC LLC** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 30 / 2014**

**Transaction ID : SA11AI.17290**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**800.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**JAVIER VIZOSO**

Mailing Address 1114 HARDEE RD

City State Zip Code  
CORAL GABLES FL 33146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SOUTH MIAMI OBGYN ASSOC LLC PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17840**

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
**ELAINE WALDMAN**

Mailing Address 6100 WOLFEBORO ROAD

City State Zip Code  
JAMESVILLE NY 13078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AWM MIDWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.17757**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN WARDEN**

Mailing Address 125 BROAD STREET

City State Zip Code  
NEW YORK NY 10004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SULLIVAN & CROMWELL LLP LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11AI.17071**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 262  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN WARDEN**

Mailing Address 125 BROAD STREET

City NEW YORK State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C**

Name of Employer SULLIVAN & CROMWELL LLP Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA11AI.17209**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN WARDEN**

Mailing Address 125 BROAD STREET

City NEW YORK State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C**

Name of Employer SULLIVAN & CROMWELL LLP Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17539**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN WARSHAWSKY**

Mailing Address 203 WEST 90TH STREET  
APT. 5H

City NEW YORK State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer WARSHAWSKY LAW FIRM Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11AI.17330**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**CARL D. WEINBERG**

Mailing Address 52 WEST LANE

City State Zip Code  
POUND RIDGE NY 10576

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SCHIAVETTI, CORGAN, DIEDWARDS, WEINB ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11AI.17315**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE WELLWOOD**

Mailing Address 8 SETTLERS COURT

City State Zip Code  
POUGHKEEPSIE NY 12603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
IBM CORP DESIGN ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.17381**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE WELLWOOD**

Mailing Address 8 SETTLERS COURT

City State Zip Code  
POUGHKEEPSIE NY 12603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
IBM CORP DESIGN ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : SA11AI.17609**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. DR. GARY B. WENICK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2014	
Mailing Address P.O. BOX 314		<b>Transaction ID : SA11Al.17621</b>	
City KATONAH	State NY	Zip Code 10536	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer MOUNT KISCO MEDICAL GROUP	Occupation PEDIATRICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1350.00		

Full Name (Last, First, Middle Initial) <b>B. L ROB WERNER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 41984 MAPLELEAF DR		<b>Transaction ID : SA11Al.17654</b>	
City BIG BEAR LAKE	State CA	Zip Code 92315	Amount of Each Receipt this Period _____ 225.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer WERNER LAW FIRM	Occupation LAWYER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225.00		

Full Name (Last, First, Middle Initial) <b>C. PETER WHITE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 47 BLOOMER ROAD		<b>Transaction ID : SA11Al.17549</b>	
City NORTH SALEM	State NY	Zip Code 10560	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer MT KISCO VOLVO	Occupation CAR SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 575.00
<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 136 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**H. JAY WISNICKI**

Mailing Address **8 UNION SQUARE SOUTH**

City **NEW YORK** State **NY** Zip Code **10003**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNION SQUARE EYE CARE** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11AI.17199**

Amount of Each Receipt this Period  
**250.00**  
 SEE REATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**H. JAY WISNICKI**

Mailing Address **8 UNION SQUARE SOUTH**

City **NEW YORK** State **NY** Zip Code **10003**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNION SQUARE EYE CARE** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11AI.17199.0**

Amount of Each Receipt this Period  
**-250.00**  
 SEE REATTRIBUTION BELOW  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**STEPHANIE WISNICKI**

Mailing Address **8 UNION SQ S**

City **NEW YORK** State **NY** Zip Code **10003**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11AI.17199.1**

Amount of Each Receipt this Period  
**250.00**  
 REATTRIBUTED  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**250.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**DR. STUART E. WUNSH**

Mailing Address 1005 CLIFTON

City State Zip Code  
CLIFTON NJ 07013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NORTH JERSEY EYE ASSOCIATES RETINA SURGEON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.17273**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**ANTHONY A. YOSELOFF**

Mailing Address 15 CENTRAL PARK W., #34D

City State Zip Code  
NEW YORK NY 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAVIDSON KEMPNER CAPITAL MANAGEMEN MONEY MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.17022**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**YIANNAKIS ZACHARIA**

Mailing Address 140 PUTT LN

City State Zip Code  
KINGSTON NY 12401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ALEXIS DINER OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.17555**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 262
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. GREGORY ZAGORIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 901 18TH ST S		<b>Transaction ID : SA11AI.17338</b>
City ARLINGTON	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. DEAN ZARRAS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 12 OLD LOGGING ROAD		<b>Transaction ID : SA11AI.17775</b>
City BEDFORD	State NY	Zip Code 10506
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer LOGIC9S, LLC	Occupation PRESIDENT AND CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>C. GRETCHEN ZIERICK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 24 SHERWOOD ROAD		<b>Transaction ID : SA11AI.17574</b>
City UPPER SADDLE RIVER	State NJ	Zip Code 07458
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer ZIERICK MANUFACTURING CORP.	Occupation EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<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 139 OF 262  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**JOEL ZINBERG**

Mailing Address 500 EAST 85TH STREET APT 20H

City State Zip Code  
NEW YORK NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 31 2014

**Transaction ID : SA11Al.17070**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / 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).....

150.00

254003.97

**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 140 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE**

Mailing Address 1940 COMMERCE ST SUITE 108

City	State	Zip Code
YORKTOWN HEIGHTS	NY	10598

FEC ID number of contributing federal political committee. **C** C00278689

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17821**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC**

Mailing Address 7575 E FULTON ROAD

City	State	Zip Code
ADA	MI	49355

FEC ID number of contributing federal political committee. **C** C00034884

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11C.17235**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)**

Mailing Address 1012 CAMERON ST

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee. **C** C00424788

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17809**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 6000.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ANDY HARRIS FOR CONGRESS**

Mailing Address **PO BOX 604**

City **BEL AIR** State **MD** Zip Code **21014**

FEC ID number of contributing federal political committee. **C C00435974**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11C.17133**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**ANDY HARRIS FOR CONGRESS**

Mailing Address **PO BOX 604**

City **BEL AIR** State **MD** Zip Code **21014**

FEC ID number of contributing federal political committee. **C C00435974**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.17885**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)**

Mailing Address **440 FIRST STREET NW  
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.17813**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_

**7000.00**

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
AZOA SERVICES CORPORATION POLITICAL ACTION COMMITTEE (ALLIANZ OF AMERICA PAC)

Mailing Address 1101 CONNECTICUT AVE., NW  
SUITE 950

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00095109

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11C.17428**

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
**BELIEVE IN LIFE LIBERTY YOURSELF AKA BILLY PAC**

Mailing Address 3246 E RIDGEVIEW STREET

City SPRINGFIELD State MO Zip Code 65804

FEC ID number of contributing federal political committee. **C** C00559146

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : SA11C.18184**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BILL FLORES FOR CONGRESS**

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

FEC ID number of contributing federal political committee. **C** C00472241

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17106**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**BUCK FOR COLORADO**

Mailing Address P.O. BOX 338018

City State Zip Code  
GREELEY CO 80633

FEC ID number of contributing federal political committee. **C** C00461368

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11C.17403**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**BURGER KING FRANCHISEE PAC**

Mailing Address 1701 BARRETT LAKES BLVD. NW  
SUITE 180

City State Zip Code  
KENNESAW GA 30144

FEC ID number of contributing federal political committee. **C** C00329425

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17873**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**BYRNE FOR CONGRESS INC**

Mailing Address PO BOX 2743

City State Zip Code  
MOBILE AL 36652

FEC ID number of contributing federal political committee. **C** C00545673

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17137**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**CMR POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11C.17662**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)**

Mailing Address **12176 CHANCERY STATION CIRCLE**

City **RESTON** State **VA** Zip Code **20190**

FEC ID number of contributing federal political committee. **C C00404392**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11C.17130**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)**

Mailing Address **5915 EASTMAN AVENUE  
SUITE 100**

City **MIDLAND** State **MI** Zip Code **48640**

FEC ID number of contributing federal political committee. **C C00350462**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11C.17098**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4500.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**DEFENDING AND INVESTING IN AMERICA'S NEW ENDEAVORS PAC (DIANE PAC)**

Mailing Address **PO BOX 1437**

City **GALLATIN** State **TN** Zip Code **37066**

FEC ID number of contributing federal political committee. **C C00499996**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11C.17102**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**DUFFY FOR CONGRESS**

Mailing Address **PO BOX 538**

City **WAUSAU** State **WI** Zip Code **54402**

FEC ID number of contributing federal political committee. **C C00464339**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11C.17181**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**EMERSON ELECTRIC CO. RESPONSIBLE GOVERNMENT FUND**

Mailing Address **8000 W FLORISSANT AVE  
STATION 2310**

City **ST. LOUIS** State **MO** Zip Code **63136**

FEC ID number of contributing federal political committee. **C C00080515**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.17871**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ **2500.00**

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**EXCELSIOR PAC**

Mailing Address 2470 DANIELLS BR RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00541078

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17139**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**FOXX PAC**

Mailing Address 22780 INDIAN CREEK DRIVE SUITE 100

City Dulles State VA Zip Code 20166

FEC ID number of contributing federal political committee. **C** C00525212

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17803**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FREEDOM PROJECT; THE**

Mailing Address 320 1ST STREET SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17115**

Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>FRIENDS OF JOHN BOEHNER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 7908 CINCINNATI DAYTON ROAD SUITE I		<b>Transaction ID : SA11C.17114</b>	
City WEST CHESTER State OH Zip Code 45069	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00237198	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>FRIENDS OF SAM JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address P.O. BOX 860096		<b>Transaction ID : SA11C.17430</b>	
City PLANO State TX Zip Code 75086	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00250720	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>HOUSE CONSERVATIVES FUND</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 228 S. WASHINGTON ST., STE. 115		<b>Transaction ID : SA11C.17815</b>	
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00326439	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<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 148 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ICE PAC**

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11C.17100**

Amount of Each Receipt this Period  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC**

Mailing Address **PO BOX 3799**

City **VISTA** State **CA** Zip Code **92085**

FEC ID number of contributing federal political committee. **C C00450320**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11C.17142**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN BOLTON PAC**

Mailing Address **610 S. BOULEVARD**

City **TAMPA** State **FL** Zip Code **33606**

FEC ID number of contributing federal political committee. **C C00542431**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.17811**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**11000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**KEEPING AMERICA COMPETITIVE**

Mailing Address 4 OLD ROUND HILL LANE

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C** C00514919

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11C.17256**

Amount of Each Receipt this Period  
5000.00

EXCESS REFUNDED ON 11/1/2014

**B.** Full Name (Last, First, Middle Initial)  
**LONE STAR LEADERSHIP PAC**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C** C00415208

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11C.17434**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**LUKE MESSER FOR CONGRESS**

Mailing Address PO BOX 917

City SHELBYVILLE State IN Zip Code 46176

FEC ID number of contributing federal political committee. **C** C00460667

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11C.17233**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**LUMMIS FOR CONGRESS**

Mailing Address **PO BOX 52188**

City **CASPER** State **WY** Zip Code **82609**

FEC ID number of contributing federal political committee. **C C00443580**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.17801**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address **P.O. BOX 10134**

City **BAKERSFIELD** State **CA** Zip Code **93389**

FEC ID number of contributing federal political committee. **C C00428052**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11C.17099**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**MAKING AMERICA PROSPEROUS PAC**

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00445379**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11C.17108**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 6500.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)**

Mailing Address **PO BOX 3241**

City **BRENTWOOD** State **TN** Zip Code **37024**

FEC ID number of contributing federal political committee. **C C00409276**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11C.17432**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MARTHA ROBY FOR CONGRESS**

Mailing Address **PO BOX 195**

City **MONTGOMERY** State **AL** Zip Code **36101**

FEC ID number of contributing federal political committee. **C C00462143**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.17877**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **1295 STATE STREET**

City **SPRINGFIELD** State **MA** Zip Code **01111**

FEC ID number of contributing federal political committee. **C C00118943**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11C.17679**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **4000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ **7000.00**

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 152 OF 262	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**MORE CONSERVATIVES PAC (MCPAC)**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00540187**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : SA11C.17144**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 619911

City State Zip Code  
DALLAS TX 75261

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11C.17661**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST**

Mailing Address 1201 F ST. NW  
SUITE 200

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00101105**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2014

**Transaction ID : SA11C.17551**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial)  
NATIONAL LUMBER AND BUILDING MATERIAL DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE (LUDP)

**A.** Mailing Address 2025 M STREET, NW  
SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00039214

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11C.17528**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

**B.** Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11C.17659**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
NEW PIONEERS PAC

**C.** Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17145**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**NEW YORK STATE CONSERVATIVE PARTY**

Mailing Address 486 78 STREET

City State Zip Code  
BROOKLYN NY 11209

FEC ID number of contributing federal political committee. **C C00282343**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11C.17238**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. PROVIDENCE ROAD

City State Zip Code  
MEDIA PA 19063

FEC ID number of contributing federal political committee. **C C00466870**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17141**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)**

Mailing Address 7804 EVENING LANE

City State Zip Code  
ALEXANDRIA VA 22306

FEC ID number of contributing federal political committee. **C C00363770**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17135**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 OF 262	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**PIONEER POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : SA11C.17128**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS**

Mailing Address 317 MASSACHUSETTS AVENUE, NE  
1ST FLOOR

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11C.17657**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**PRECISION METALFORMING ASSOCIATION VOICE OF THE INDUSTRY COMMITTEE (PMAVIC)**

Mailing Address 6363 OAK TREE BLVD.

City INDEPENDENCE State OH Zip Code 44131

FEC ID number of contributing federal political committee. **C** C00082271

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2014

**Transaction ID : SA11C.17576**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

FEC ID number of contributing federal political committee. **C** C00386755

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17890**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**PROLIANCE SURGEONS POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2212

City SEATTLE State WA Zip Code 98111

FEC ID number of contributing federal political committee. **C** C00540112

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11C.17176**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**PROSPERITY ACTION INC.**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17104**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN JEWISH COALITION-POLITICAL ACTION COMMITTEE (RJC-PAC)**

Mailing Address 50 F STREET NW SUITE 100

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00345132**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11C.17553**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)**

Mailing Address P. O. BOX 1011

City State Zip Code  
WHEATON IL 60187

FEC ID number of contributing federal political committee. **C C00451294**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11C.17472**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**RIGHTNOW WOMEN PAC**

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C C00551366**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11C.17236**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ROB WOODALL FOR CONGRESS**

Mailing Address POST OFFICE BOX 1871

City LAWRENCEVILLE State GA Zip Code 30046

FEC ID number of contributing federal political committee. **C C00482307**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17884**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City JEFFERSON State LA Zip Code 70183

FEC ID number of contributing federal political committee. **C C00394957**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17808**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**SUPPORTING UNITED STATES OF AMERICA'S NEXT LEADERS PAC (SUSAN PAC)**

Mailing Address 9425 N MERIDIAN STREET #237

City INDIANAPOLIS State IN Zip Code 46260

FEC ID number of contributing federal political committee. **C C00564385**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17887**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00501478

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17889**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)**

Mailing Address 409 12TH STREET, SW

City State Zip Code  
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11C.17250**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17096**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL PAC**

Mailing Address **720 E WISCONSIN AVE**

City **MILWAUKEE** State **WI** Zip Code **53202**

FEC ID number of contributing federal political committee. **C C00197095**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11C.17433**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Mailing Address **228 S. WASHINGTON STREET  
SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00330720**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11C.17132**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE**

Mailing Address **701 8TH STREET, NW  
SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00327189**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.17805**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**8000.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**VIKING LEADERSHIP PAC**

Mailing Address PO BOX 4616

City State Zip Code  
ST PAUL MN 55101

FEC ID number of contributing federal political committee. **C** C00565036

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.17868**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**VOICE FOR FREEDOM**

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City State Zip Code  
ATLANTA GA 30339

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17149**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**WESTMORELAND FOR CONGRESS**

Mailing Address P.O. BOX 458

City State Zip Code  
SHARPSBURG GA 30277

FEC ID number of contributing federal political committee. **C** C00387126

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA11C.17147**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

135800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**NAN HAYWORTH**

Mailing Address **PO BOX 394**

City **FISHKILL** State **NY** Zip Code **12524**

FEC ID number of contributing federal political committee. **C H0NY19139**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**682452.31**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 22 / 2014**

**Transaction ID : SA11D.18030**

Amount of Each Receipt this Period  
**160.63**

IN-KIND: OFFICE SUPPLIES

**B.** Full Name (Last, First, Middle Initial)  
**NAN HAYWORTH**

Mailing Address **PO BOX 394**

City **FISHKILL** State **NY** Zip Code **12524**

FEC ID number of contributing federal political committee. **C H0NY19139**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**682597.45**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11D.18031**

Amount of Each Receipt this Period  
**145.14**

IN-KIND: OFFICE SUPPLIES

**C.** Full Name (Last, First, Middle Initial)  
**NAN HAYWORTH**

Mailing Address **PO BOX 394**

City **FISHKILL** State **NY** Zip Code **12524**

FEC ID number of contributing federal political committee. **C H0NY19139**

Name of Employer **CANDIDATE** Occupation **CANDIDATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**683381.45**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11D.18032**

Amount of Each Receipt this Period  
**784.00**

IN-KIND: POSTAGE

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1089.77**

**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 163 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>NAN HAYWORTH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address PO BOX 394		<b>Transaction ID : SA11D.18033</b>	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period _____ 245.00 IN-KIND: POSTAGE
FEC ID number of contributing federal political committee. C H0NY19139			
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 683626.45		

Full Name (Last, First, Middle Initial) <b>NAN HAYWORTH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address PO BOX 394		<b>Transaction ID : SA11D.18034</b>	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period _____ 258.98 IN-KIND: OFFICE SUPPLIES
FEC ID number of contributing federal political committee. C H0NY19139			
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 683885.43		

Full Name (Last, First, Middle Initial) <b>NAN HAYWORTH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address PO BOX 394		<b>Transaction ID : SA11D.18037</b>	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period _____ 1223.47 IN-KIND: PRINTING & DESIGN SERVICES
FEC ID number of contributing federal political committee. C H0NY19139			
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 685108.90		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1727.45
<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 164 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. NAN HAYWORTH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address PO BOX 394		<b>Transaction ID : SA11D.18035</b>
City State Zip Code FISHKILL NY 12524	Amount of Each Receipt this Period 68.37 IN-KIND: OFFICE SUPPLIES	
FEC ID number of contributing federal political committee. C H0NY19139	Name of Employer Occupation CANDIDATE CANDIDATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 685177.27	

Full Name (Last, First, Middle Initial) <b>B. NAN HAYWORTH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address PO BOX 394		<b>Transaction ID : SA11D.18036</b>
City State Zip Code FISHKILL NY 12524	Amount of Each Receipt this Period 64.00 IN-KIND: POSTAGE	
FEC ID number of contributing federal political committee. C H0NY19139	Name of Employer Occupation CANDIDATE CANDIDATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 685241.27	

Full Name (Last, First, Middle Initial) <b>C. NAN HAYWORTH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address PO BOX 394		<b>Transaction ID : SA11D.18038</b>
City State Zip Code FISHKILL NY 12524	Amount of Each Receipt this Period 87.54 IN-KIND: TRAVEL	
FEC ID number of contributing federal political committee. C H0NY19139	Name of Employer Occupation CANDIDATE CANDIDATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 685328.81	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	219.91
<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 165 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>NAN HAYWORTH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 394		<b>Transaction ID : SA11D.18039</b>
City State Zip Code FISHKILL NY 12524	Amount of Each Receipt this Period _____ 43.81	
FEC ID number of contributing federal political committee. C H0NY19139	Name of Employer Occupation CANDIDATE CANDIDATE	IN-KIND: TRAVEL: FUEL
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 685372.62	

Full Name (Last, First, Middle Initial) <b>NAN HAYWORTH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 394		<b>Transaction ID : SA11D.18040</b>
City State Zip Code FISHKILL NY 12524	Amount of Each Receipt this Period _____ 23664.23	
FEC ID number of contributing federal political committee. C H0NY19139	Name of Employer Occupation CANDIDATE CANDIDATE	IN-KIND: SEE MEMO ENTRIES
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 709036.85	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period _____
City State Zip Code	Name of Employer Occupation	
FEC ID number of contributing federal political committee. C	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____
Name of Employer Occupation	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 23708.04
<b>TOTAL</b> This Period (last page this line number only).....	_____ 26745.17

**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 166 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00567677

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 9327.07

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA12.17900**

Amount of Each Receipt this Period  
 9327.07

JFC TRANSFER: SEE MEMO ATTRIBUTIONS

**B.** Full Name (Last, First, Middle Initial)  
IAN FIELD

Mailing Address INFORMATION REQUESTED

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 0.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA12.17900.0**

Amount of Each Receipt this Period  
 0.50

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**C.** Full Name (Last, First, Middle Initial)  
EASTMANPAC - POLITICAL ACTION COMMITTEE OF EASTMAN CHEMICAL COMPANY

Mailing Address PO BOX 431

City Kingsport State TN Zip Code 37662

FEC ID number of contributing federal political committee. **C** C00113159

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA12.17900.1**

Amount of Each Receipt this Period  
 100.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9327.07

**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 167 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. SAM GEDULDIG</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 1101 K STREET, NW SUITE 650		<b>Transaction ID : SA12.17900.2</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CLARK, GEDULDIG, CRANFORD	Occupation PARTNER	JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) <b>B. DR. EDMUND O. SCHWEITZER III</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 330 NW BRANDON DRIVE		<b>Transaction ID : SA12.17900.3</b>
City PULLMAN	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer SCHWEITZER ENGINEERING LABS	Occupation PRESIDENT	JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. MS. BEATRIZ V. SCHWEITZER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 330 NW BRANDON DRIVE		<b>Transaction ID : SA12.17900.4</b>
City PULLMAN	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer SCHWEITZER ENGINEERING LABS	Occupation BUSINESS DEVELOPMENT	JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<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 168 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**LIBERTY FUND; THE**

Mailing Address **PO BOX 1992**

City **VANCOUVER** State **WA** Zip Code **98668**

FEC ID number of contributing federal political committee. **C C00521310**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA12.17900.5**

Amount of Each Receipt this Period  
**1000.00**

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**B.** Full Name (Last, First, Middle Initial)  
**CORRECTIONS CORPORATION OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address **10 BURTON HILLS BOULEVARD**

City **NASHVILLE** State **TN** Zip Code **37215**

FEC ID number of contributing federal political committee. **C C00366468**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA12.17900.6**

Amount of Each Receipt this Period  
**200.00**

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**C.** Full Name (Last, First, Middle Initial)  
**KYLE NEVIN**

Mailing Address **1325 D STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**CAPITOL COUNSEL LLC** **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.10**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : SA12.17900.7**

Amount of Each Receipt this Period  
**0.10**

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**0.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL CHAPPELL**

Mailing Address 1155 F STREET NW  
SUITE 950

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer FIERCE, ISAKOWITZ & BLALOCK Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA12.17900.8**

Amount of Each Receipt this Period  
250.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**B.** Full Name (Last, First, Middle Initial)  
**KYLE NEVIN**

Mailing Address 1325 D STREET NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITOL COUNSEL LLC Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.9**

Amount of Each Receipt this Period  
99.90

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**C.** Full Name (Last, First, Middle Initial)  
**MARGAUX MATTER**

Mailing Address P.O. BOX 11128

City WASHINGTON State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer CONGRESSMAN JEFF FORTENBERRY Occupation CHIEF OF STAFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.10**

Amount of Each Receipt this Period  
25.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**CANDACE STRAIGHT**

Mailing Address 518 EAST PASSAIC AVENUE

City State Zip Code  
BLOOMFIELD NJ 07003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED INVESTMENT BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.11**

Amount of Each Receipt this Period  
500.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**B.** Full Name (Last, First, Middle Initial)  
**ANGELA BRALY**

Mailing Address 832 ALVERNA DRIVE

City State Zip Code  
INDIANAPOLIS IN 46260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE BRALY GROUP OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.12**

Amount of Each Receipt this Period  
900.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**C.** Full Name (Last, First, Middle Initial)  
**STACEY DION**

Mailing Address 238 12TH STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
THE BOEING COMPANY VP, CORPORATE PUBLIC POLICY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.13**

Amount of Each Receipt this Period  
50.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**VINCENT SAMPSON**

Mailing Address 6512 LITTLE FALLS ROAD

City ARLINGTON State VA Zip Code 22213

FEC ID number of contributing federal political committee. **C**

Name of Employer EDUCATION FINANCE COUNCIL Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.14**

Amount of Each Receipt this Period  
 20.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**B.** Full Name (Last, First, Middle Initial)  
**NICOLE ALEXANDER**

Mailing Address 1921 KALORAMA ROAD NW #209

City WASHINGTON State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.15**

Amount of Each Receipt this Period  
 10.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**C.** Full Name (Last, First, Middle Initial)  
**JENNIFER HIGGINS**

Mailing Address 305 S. PAYNE STREET APT. 306

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer CHAMBERHILL STRATEGIES Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.16**

Amount of Each Receipt this Period  
 100.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**ANNE DICKERSON**

Mailing Address 236 W. 26TH STREET  
2W

City State Zip Code  
NEW YORK NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PAUL SINGER PHILANTHROPY ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.17**

Amount of Each Receipt this Period  
2600.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**B.** Full Name (Last, First, Middle Initial)  
**PAUL SINGER**

Mailing Address 1 WEST 81ST STREET

City State Zip Code  
NEW YORK NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ELLIOTT MANAGEMENT CORP. FOUNDER & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.18**

Amount of Each Receipt this Period  
2600.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**C.** Full Name (Last, First, Middle Initial)  
**LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1000 LOWE'S BOULEVARD

City State Zip Code  
MOORESVILLE NC 28117

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.19**

Amount of Each Receipt this Period  
250.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL CONFECTIONERS ASSOCIATION OF THE UNITED STATES, INC. POLITICAL ACTION COMMITTEE (

Mailing Address 1101 30TH STREET NW, SUITE 200

City State Zip Code  
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00003855

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.20**

Amount of Each Receipt this Period  
100.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**B.** Full Name (Last, First, Middle Initial)  
**FULL HOUSE PAC**

Mailing Address PO BOX 530520

City State Zip Code  
HENDERSON NV 89053

FEC ID number of contributing federal political committee. **C** C00541128

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.21**

Amount of Each Receipt this Period  
200.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**C.** Full Name (Last, First, Middle Initial)  
**THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA12.17900.22**

Amount of Each Receipt this Period  
250.00

JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>LISA IM</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 3716 DEER TRAIL COURT		<b>Transaction ID : SA12.17900.23</b>	
City DANVILLE State CA Zip Code 94506	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])		
Name of Employer PERFORMANT Occupation CEO	Election Cycle-to-Date 100.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>ANITA B. MCBRIDE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 5016 UPTON STREET, NW		<b>Transaction ID : SA12.17900.24</b>	
City WASHINGTON State DC Zip Code 20016	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	JFC TRANSFER: REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE [MEMO ITEM])		
Name of Employer SELF EMPLOYED Occupation CONSULTANT	Election Cycle-to-Date 30.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>YOUNG GUNS DAY III 2014</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 228 S WASHINGTON STREET STE 115		<b>Transaction ID : SA12.17902</b>	
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Receipt this Period 6003.70		
FEC ID number of contributing federal political committee. C C00566075	JFC TRANSFER: SEE MEMO ENTRIES		
Name of Employer Occupation	Election Cycle-to-Date 6003.70		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6003.70
<b>TOTAL</b> This Period (last page this line number only).....	6003.70

**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 175 OF 262
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

A. Full Name (Last, First, Middle Initial)  
**CONGRESSIONAL HOUSE REPUBLICANS IN SERVICE PAC (CHRIS PAC)**

Mailing Address **PO BOX 30844**

City State Zip Code  
**BETHESDA MD 20824**

FEC ID number of contributing federal political committee. **C C00554535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 16 2014**

Transaction ID : **SA12.17902.0**

Amount of Each Receipt this Period  
**2000.00**  
 JFC TRANSFER: YOUNG GUNS DAY III 2014

**[MEMO ITEM]**

B. Full Name (Last, First, Middle Initial)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address **320 FIRST STREET SE**

City State Zip Code  
**WASHINGTON DC 20003**

FEC ID number of contributing federal political committee. **C C00075820**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 16 2014**

Transaction ID : **SA12.17902.1**

Amount of Each Receipt this Period  
**5000.00**  
 JFC TRANSFER: YOUNG GUNS DAY III 2014

**[MEMO ITEM]**

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>15330.77</b>

**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 176 OF 262
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A.** Full Name (Last, First, Middle Initial)  
**JAMESTOWN ASSOCIATES**

Mailing Address 5 MAPLETON ROAD  
SUITE 300

City State Zip Code  
PRINCETON NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11217.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA14.17898**

Amount of Each Receipt this Period  
 6032.51

VENDOR REFUND: OVERPAYMENT

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / 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).....

6032.51

6032.51



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 177 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014	
Mailing Address 3 WORLD FINANCIAL CENTER			Amount of Each Disbursement this Period 908.23	
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.16845	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 3 WORLD FINANCIAL CENTER			Amount of Each Disbursement this Period 613.96	
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.16880	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS SETTLEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014	
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 623.12	
City PHOENIX	State AZ	Zip Code 85072	Transaction ID : SB17.16826	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2145.31
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 178 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.16777</b>
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 9865.91 <b>Transaction ID : SB17.16798</b>
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.16793</b>
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12865.91
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 179 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.16837</b>
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.16841</b>
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ALEXANDER ARZOUMANOV</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 56 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.16865</b>
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER ARZOUMANOV</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 56 COUNTRY CLUB DRIVE			Amount of Each Disbursement this Period 4000.00	
City FLORIDA	State NY	Zip Code 10921	Transaction ID : SB17.16889	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ALEXANDER ARZOUMANOV</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 56 COUNTRY CLUB DRIVE			Amount of Each Disbursement this Period 4000.00	
City FLORIDA	State NY	Zip Code 10921	Transaction ID : SB17.16917	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ATLAS STAR</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address P.O BOX 436			Amount of Each Disbursement this Period 294.21	
City FISHKILL	State NY	Zip Code 12524	Transaction ID : SB17.16843	
Purpose of Disbursement EQUIPMENT RENTAL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8294.21
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 262			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. ATLAS STAR</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address P.O BOX 436			Amount of Each Disbursement this Period 175.16 <b>Transaction ID : SB17.16846</b>
City FISHKILL	State NY	Zip Code 12524	
Purpose of Disbursement EQUIPMENT RENTAL	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ATLAS STAR</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address P.O BOX 436			Amount of Each Disbursement this Period 362.53 <b>Transaction ID : SB17.16884</b>
City FISHKILL	State NY	Zip Code 12524	
Purpose of Disbursement EQUIPMENT RENTAL	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ZACHARY BAMFORD</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 133 NARROWS ROAD			Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.16799</b>
City BEDFORD HILLS	State NY	Zip Code 10507	
Purpose of Disbursement PAYROLL	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	837.69
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 182 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. DAN BERGMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 2544 AMAWALK ROAD		Amount of Each Disbursement this Period 555.75 <b>Transaction ID : SB17.16800</b>
City AMAWALK	State NY	
Zip Code 10501	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS BIBLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.16778</b>
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS BIBLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.16794</b>
City FLORIDA	State NY	
Zip Code 10921	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3055.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS BIBLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 590.31 <b>Transaction ID : SB17.16782</b>
City FLORIDA State NY Zip Code 10921	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS BIBLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 530.34 <b>Transaction ID : SB17.16782.1</b> <b>[MEMO ITEM]</b>
City FLORIDA State NY Zip Code 10921	Purpose of Disbursement BIBLIS REIMBURSEMENT: MILEAGE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS BIBLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 182 COUNTRY CLUB DRIVE		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16835</b>
City FLORIDA State NY Zip Code 10921	Purpose of Disbursement PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3090.31
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS BIBLIS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 182 COUNTRY CLUB DRIVE			Amount of Each Disbursement this Period 1500.00	
City FLORIDA	State NY	Zip Code 10921	Transaction ID : SB17.16839	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS BIBLIS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 182 COUNTRY CLUB DRIVE			Amount of Each Disbursement this Period 1500.00	
City FLORIDA	State NY	Zip Code 10921	Transaction ID : SB17.16863	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS BIBLIS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 182 COUNTRY CLUB DRIVE			Amount of Each Disbursement this Period 1500.00	
City FLORIDA	State NY	Zip Code 10921	Transaction ID : SB17.16887	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 262			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS BIBLIS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 182 COUNTRY CLUB DRIVE			Amount of Each Disbursement this Period 1500.00	
City FLORIDA	State NY	Zip Code 10921	Transaction ID : SB17.16914	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY BRADLEY</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 23 PETER DRIVE			Amount of Each Disbursement this Period 234.00	
City SLATE HILL	State NY	Zip Code 10973	Transaction ID : SB17.16801	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. LARISSA BRODMAN</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 195 COUNTRY CLUB DRIVE			Amount of Each Disbursement this Period 1200.00	
City FLORIDA	State NY	Zip Code 10921	Transaction ID : SB17.16797	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2934.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. LARISSA BRODMAN</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 195 COUNTRY CLUB DRIVE			Amount of Each Disbursement this Period 1000.00	
City FLORIDA	State NY	Zip Code 10921	Transaction ID : SB17.16795	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ROBERT BROWN</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 38 BERGEN AVE.			Amount of Each Disbursement this Period 342.00	
City WALDEN	State NY	Zip Code 12586	Transaction ID : SB17.16802	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ROBERT BROWN</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 38 BERGEN AVE.			Amount of Each Disbursement this Period 170.00	
City WALDEN	State NY	Zip Code 12586	Transaction ID : SB17.16915	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1512.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. BSB SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.16775</b>
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BSB SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 120.97 <b>Transaction ID : SB17.16857</b>
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY T. BULEY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 50 STATE STREET 4TH FLOOR		Amount of Each Disbursement this Period 3300.00 <b>Transaction ID : SB17.16786</b>
City ALBANY State NY Zip Code 12207	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5420.97
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 188 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. JEFFREY T. BULEY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 50 STATE STREET 4TH FLOOR		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : SB17.16871</b>
City ALBANY State NY Zip Code 12207	Purpose of Disbursement LEGAL CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL PROMOTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address P.O. BOX 231		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.16847</b>
City GLENSIDE State PA Zip Code 19038	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.16774</b>
City TYSONS CORNER State VA Zip Code 22182	Purpose of Disbursement COMPLIANCE SOFTWARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 262			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 608.17
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement COMPLIANCE SOFTWARE	Category/Type	<b>Transaction ID : SB17.16789</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 800.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CAMPAIGN SOFTWARE	Category/Type	<b>Transaction ID : SB17.16822</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 1039.29
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MERCHANT FEES	Category/Type	<b>Transaction ID : SB17.16858</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2447.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 262			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 151.63 <b>Transaction ID : SB17.16886</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 916.52 <b>Transaction ID : SB17.16894</b>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement COMPLIANCE SOFTWARE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ORYSIA DMYTRENKO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 77 HILL ROAD		Amount of Each Disbursement this Period 2192.31 <b>Transaction ID : SB17.16919</b>
City GOSHEN	State NY Zip Code 10924	
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3260.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 191 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CHARLES E. DORKEY III</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014	
Mailing Address 205 EAST 69 STREET APT. 6C			Amount of Each Disbursement this Period 203.97	
City NEW YORK	State NY	Zip Code 10021	Transaction ID : SB17.18145	
Purpose of Disbursement IN-KIND: CATERING SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ELAVON MERCHANT SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 1 CONCOURSE PARKWAY			Amount of Each Disbursement this Period 937.99	
City ATLANTA	State GA	Zip Code 30328	Transaction ID : SB17.16832	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ELAVON MERCHANT SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 1 CONCOURSE PARKWAY			Amount of Each Disbursement this Period 575.85	
City ATLANTA	State GA	Zip Code 30328	Transaction ID : SB17.16873	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1717.81
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 192 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. FLORINDA ESTRADA</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 3401 WHISPERING HILLS DRIVE			Amount of Each Disbursement this Period 276.00	
City CHESTER	State NY	Zip Code 10918	Transaction ID : SB17.16804	
Purpose of Disbursement PAYROLL		Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FLORINDA ESTRADA</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 3401 WHISPERING HILLS DRIVE			Amount of Each Disbursement this Period 800.00	
City CHESTER	State NY	Zip Code 10918	Transaction ID : SB17.16842	
Purpose of Disbursement PAYROLL		Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FLORINDA ESTRADA</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 3401 WHISPERING HILLS DRIVE			Amount of Each Disbursement this Period 800.00	
City CHESTER	State NY	Zip Code 10918	Transaction ID : SB17.16866	
Purpose of Disbursement PAYROLL		Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1876.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 193 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. FLORINDA ESTRADA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 3401 WHISPERING HILLS DRIVE		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.16890</b>
City CHESTER State NY Zip Code 10918	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FLORINDA ESTRADA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3401 WHISPERING HILLS DRIVE		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.16918</b>
City CHESTER State NY Zip Code 10918	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 180 E PROSPECT AVE		Amount of Each Disbursement this Period 54395.28 <b>Transaction ID : SB17.16773</b>
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55995.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 262			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. EXECUTIVE STAR</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 180 E PROSPECT AVE		Amount of Each Disbursement this Period 66869.58 <b>Transaction ID : SB17.16910</b>
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GENDRON CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 3767 ROUTE 9G		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.16870</b>
City RHINEBECK State NY Zip Code 12572	Purpose of Disbursement CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GENDRON CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 3767 ROUTE 9G		Amount of Each Disbursement this Period 841.41 <b>Transaction ID : SB17.16904</b>
City RHINEBECK State NY Zip Code 12572	Purpose of Disbursement CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68310.99
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 195 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16779</b>
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16796</b>
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 248.50 <b>Transaction ID : SB17.16823</b>
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5248.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 196 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. ORANGE COUNTY BOARD OF ELECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 25 COURT LANE		Amount of Each Disbursement this Period 248.50
City GOSHEN	State NY	
Zip Code 10924	Purpose of Disbursement GILLIS REIMBURSEMENT: DATA PURCHASE	Transaction ID : SB17.16823.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Transaction ID : SB17.16836
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 1487.17
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Transaction ID : SB17.16844
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3987.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 197 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 251.88
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Transaction ID : SB17.16851
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ALLAN'S FALAFEL CAFE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 115 MAIN ST		Amount of Each Disbursement this Period 56.66
City CHESTER	State NY	
Zip Code 10918	Purpose of Disbursement GILLIS REIMBURSEMENT: TRAVEL: FOOD	Transaction ID : SB17.16851.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 195.22
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement GILLIS REIMBURSEMENT: MILEAGE	Transaction ID : SB17.16851.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	251.88
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 198 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16840</b>
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16864</b>
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16888</b>
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 199 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CONNOR P. GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16916</b>
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SEAN GILLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 39 1/2 WATKINS AVE.		Amount of Each Disbursement this Period 252.00 <b>Transaction ID : SB17.16806</b>
City MIDDLETOWN	State NY	
Zip Code 10940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. TAEGAN GLARKE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 39 DUNBOW DRIVE		Amount of Each Disbursement this Period 324.00 <b>Transaction ID : SB17.16803</b>
City CHAPPAQUA	State NY	
Zip Code 10514	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3076.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 200 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial)  
**A. GO! MARKETING & ADVERTISING**

Mailing Address 1205 43RD STREET

City BROOKLYN State NY Zip Code 11219

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 17 / 2014

Amount of Each Disbursement this Period: 2800.00

Transaction ID : SB17.16788

Full Name (Last, First, Middle Initial)  
**B. GUERRILLA DYNAMICS, INC.**

Mailing Address 83 CRANBERRY DRIVE

City HOPEWELL JUNCTION State NY Zip Code 12533

Purpose of Disbursement WIRING INFRASTRUCTURE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 08 / 2014

Amount of Each Disbursement this Period: 160.00

Transaction ID : SB17.16848

Full Name (Last, First, Middle Initial)  
**C. GUERRILLA DYNAMICS, INC.**

Mailing Address 83 CRANBERRY DRIVE

City HOPEWELL JUNCTION State NY Zip Code 12533

Purpose of Disbursement WIRING INFRASTRUCTURE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 11 / 2014

Amount of Each Disbursement this Period: 151.33

Transaction ID : SB17.16852

**SUBTOTAL** of Disbursements This Page (optional) ..... 3111.33

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 201 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. NAN HAYWORTH</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 305.77 <b>Transaction ID : SB17.18054</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) <b>B. BJ'S WHOLESALE CLUB</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 232 LARKIN DRIVE		Amount of Each Disbursement this Period 160.63 <b>Transaction ID : SB17.18054.0</b>
City MONROE State NY Zip Code 10950	Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NAN HAYWORTH</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 145.14 <b>Transaction ID : SB17.18055</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	305.77
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 202 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. BJ'S WHOLESALE CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 232 LARKIN DRIVE		Amount of Each Disbursement this Period 784.00
City MONROE	State NY	
Zip Code 10950	Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES	Transaction ID : SB17.18055.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 784.00
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement IN-KIND: POSTAGE	Transaction ID : SB17.18056
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) <b>C. UNITED STATES POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 784.00
City PORT CHESTER	State NY	
Zip Code 10573	Purpose of Disbursement HAYWORTH IN-KIND: POSTAGE	Transaction ID : SB17.18056.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	784.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 262			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 245.00 <b>Transaction ID : SB17.18057</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 245.00 <b>Transaction ID : SB17.18057.0</b> <b>[MEMO ITEM]</b>
City PORT CHESTER State NY Zip Code 10573	Purpose of Disbursement HAYWORTH IN-KIND: POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 258.98 <b>Transaction ID : SB17.18058</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	503.98
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 204 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 350 N. BEDFORD ROAD		Amount of Each Disbursement this Period 258.98
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.18058.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 1223.47
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.18061
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) <b>C. EMBROIDME</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 2586-2600 SOUTH ROAD 37A		Amount of Each Disbursement this Period 1223.47
City POUGHKEEPSIE State NY Zip Code 12601	Purpose of Disbursement HAYWORTH IN-KIND: PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.18061.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1223.47
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 205 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 68.37 <b>Transaction ID : SB17.18059</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) <b>B. SHOPRITE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 78 BROOKSIDE AVENUE SUITE 122		Amount of Each Disbursement this Period 68.37 <b>Transaction ID : SB17.18059.0</b>
City CHESTER State NY Zip Code 10918	Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 64.00 <b>Transaction ID : SB17.18060</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	132.37
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 206 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. UNITED STATES POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 64.00
City PORT CHESTER	State NY Zip Code 10573	
Purpose of Disbursement HAYWORTH IN-KIND: POSTAGE	Category/Type	Transaction ID : SB17.18060.0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 87.54
City FISHKILL	State NY Zip Code 12524	
Purpose of Disbursement IN-KIND: TRAVEL	Category/Type	Transaction ID : SB17.18062
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) <b>C. SHOPRITE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 78 BROOKSIDE AVENUE SUITE 122		Amount of Each Disbursement this Period 28.54
City CHESTER	State NY Zip Code 10918	
Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES	Category/Type	Transaction ID : SB17.18062.0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	87.54
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 207 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 20 E. MAIN STREET		Amount of Each Disbursement this Period 43.81
City WALDEN State NY Zip Code 12586	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.18062.1 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 43.81
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.18063
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) <b>C. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 68 BROOKSIDE AVENUE		Amount of Each Disbursement this Period 43.81
City CHESTER State NY Zip Code 10918	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.18063.0 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.81
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 208 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 394		Amount of Each Disbursement this Period 23664.23 <b>Transaction ID : SB17.18064</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement IN-KIND: SEE MEMO ENTRIES	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) <b>B. PAPERLESS POST</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 115 BROADWAY		Amount of Each Disbursement this Period 257.70 <b>Transaction ID : SB17.18064.0</b> <b>[MEMO ITEM]</b>
City NEW YORK State NY Zip Code 10006	Purpose of Disbursement HAYWORTH IN-KIND: PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAPERLESS POST</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 115 BROADWAY		Amount of Each Disbursement this Period 257.70 <b>Transaction ID : SB17.18064.1</b> <b>[MEMO ITEM]</b>
City NEW YORK State NY Zip Code 10006	Purpose of Disbursement HAYWORTH IN-KIND: PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23664.23
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 209 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. STAMPS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 1990 E GRAND AVE		Amount of Each Disbursement this Period 15.99
City EL SEGUNDO State CA Zip Code 90245	Category/Type	
Purpose of Disbursement HAYWORTH IN-KIND: POSTAGE		Transaction ID : SB17.18064.2
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 2.88
City TYSONS CORNER State VA Zip Code 22182	Category/Type	
Purpose of Disbursement HAYWORTH IN-KIND: MERCHANT FEES		Transaction ID : SB17.18064.3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CABLEVISION</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2014
Mailing Address P. O. BOX 9256		Amount of Each Disbursement this Period 137.21
City CHELSEA State MA Zip Code 02150	Category/Type	
Purpose of Disbursement HAYWORTH IN-KIND: BROADBAND SERVICES		Transaction ID : SB17.18064.4
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 210 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK ADVERTISING USA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 156 UNIVERSITY AVE.		Amount of Each Disbursement this Period 750.47
City PALO ALTO	State CA Zip Code 94301	
Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING		Transaction ID : SB17.18064.5
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 245 WESTCHESTER AVE.		Amount of Each Disbursement this Period 19.99
City PORT CHESTER	State NY Zip Code 10573	
Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES		Transaction ID : SB17.18064.6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. WAL-MART STORES, INC. PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 702 S.W. 8TH STREET		Amount of Each Disbursement this Period 23.69
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES		Transaction ID : SB17.18064.7
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 211 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. WARWICK VALLEY CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address SOUTH ST		Amount of Each Disbursement this Period 30.00
City WARWICK	State NY Zip Code 10990	
Purpose of Disbursement HAYWORTH IN-KIND: EVENT REGISTRATION FEE		Transaction ID : SB17.18064.8
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 16.95
City PORT CHESTER	State NY Zip Code 10573	
Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES		Transaction ID : SB17.18064.9
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. COMFORT INN &amp; SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 20 HATFIELD LANE		Amount of Each Disbursement this Period 73.53
City GOSHEN	State NY Zip Code 10924	
Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING		Transaction ID : SB17.18064.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 212 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. SHOPRITE</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 78 BROOKSIDE AVENUE SUITE 122		Amount of Each Disbursement this Period 22.25
City CHESTER	State NY Zip Code 10918	
Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES		Transaction ID : SB17.18064.11
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 235.63
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement HAYWORTH IN-KIND: MERCHANT FEES		Transaction ID : SB17.18064.12
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK ADVERTISING USA</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2014
Mailing Address 156 UNIVERSITY AVE.		Amount of Each Disbursement this Period 750.88
City PALO ALTO	State CA Zip Code 94301	
Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING		Transaction ID : SB17.18064.13
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 213 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. COMFORT INN &amp; SUITES</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 20 HATFIELD LANE		Amount of Each Disbursement this Period 9999.99 73.53
City GOSHEN State NY Zip Code 10924	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.18064.14 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. COMFORT INN &amp; SUITES</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 20 HATFIELD LANE		Amount of Each Disbursement this Period 9999.99 73.53
City GOSHEN State NY Zip Code 10924	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.18064.15 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. UNITED STATES POSTAL SERVICE</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 9999.99 9.80
City PORT CHESTER State NY Zip Code 10573	Purpose of Disbursement HAYWORTH IN-KIND: POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.18064.16 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9999.99 0.00
<b>TOTAL</b> This Period (last page this line number only).....	9999.99

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 262			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. UNITED STATES POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 245 WESTCHESTER AVE			Amount of Each Disbursement this Period 20.05
City PORT CHESTER	State NY	Zip Code 10573	
Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES			Transaction ID : SB17.18064.17
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) <b>B. POUGHKEEPSIE GRAND HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 40 CIVIC CENTER PLAZA			Amount of Each Disbursement this Period 133.43
City POUGHKEEPSIE	State NY	Zip Code 12601	
Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING			Transaction ID : SB17.18064.18
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) <b>C. UNITED STATES POSTAL SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 245 WESTCHESTER AVE			Amount of Each Disbursement this Period 28.25
City PORT CHESTER	State NY	Zip Code 10573	
Purpose of Disbursement HAYWORTH IN-KIND: DELIVERY SERVICES			Transaction ID : SB17.18064.19
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 215 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A. PAPERLESS POST**

Full Name (Last, First, Middle Initial)  
Mailing Address 115 BROADWAY

City NEW YORK State NY Zip Code 10006

Purpose of Disbursement HAYWORTH IN-KIND: PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 22 / 2014

Amount of Each Disbursement this Period: 128.85

Transaction ID : SB17.18064.20

[MEMO ITEM]

**B. PAPERLESS POST**

Full Name (Last, First, Middle Initial)  
Mailing Address 115 BROADWAY

City NEW YORK State NY Zip Code 10006

Purpose of Disbursement HAYWORTH IN-KIND: PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 22 / 2014

Amount of Each Disbursement this Period: 128.85

Transaction ID : SB17.18064.21

[MEMO ITEM]

**C. FACEBOOK ADVERTISING USA**

Full Name (Last, First, Middle Initial)  
Mailing Address 156 UNIVERSITY AVE.

City PALO ALTO State CA Zip Code 94301

Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 23 / 2014

Amount of Each Disbursement this Period: 752.37

Transaction ID : SB17.18064.22

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 216 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 170.13
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement HAYWORTH IN-KIND: MERCHANT FEES	Transaction ID : SB17.18064.23
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAPERLESS POST</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address 115 BROADWAY		Amount of Each Disbursement this Period 257.70
City NEW YORK	State NY	
Zip Code 10006	Purpose of Disbursement HAYWORTH IN-KIND: PRINTING & DESIGN SERVICES	Transaction ID : SB17.18064.24
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK ADVERTISING USA</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 156 UNIVERSITY AVE.		Amount of Each Disbursement this Period 753.43
City PALO ALTO	State CA	
Zip Code 94301	Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING	Transaction ID : SB17.18064.25
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 217 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK ADVERTISING USA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 156 UNIVERSITY AVE.		Amount of Each Disbursement this Period 326.58
City PALO ALTO	State CA	Zip Code 94301
Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.18064.26	
[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 460.50
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement HAYWORTH IN-KIND: MERCHANT FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.18064.27	
[MEMO ITEM]		

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK ADVERTISING USA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 156 UNIVERSITY AVE.		Amount of Each Disbursement this Period 751.44
City PALO ALTO	State CA	Zip Code 94301
Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.18064.28	
[MEMO ITEM]		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 218 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. COMFORT INN &amp; SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 20 HATFIELD LANE		Amount of Each Disbursement this Period 237.57
City GOSHEN	State NY	
Zip Code 10924	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING	Transaction ID : SB17.18064.29
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STAMPS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 1990 E GRAND AVE		Amount of Each Disbursement this Period 15.99
City EL SEGUNDO	State CA	
Zip Code 90245	Purpose of Disbursement HAYWORTH IN-KIND: POSTAGE	Transaction ID : SB17.18064.30
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK ADVERTISING USA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 156 UNIVERSITY AVE.		Amount of Each Disbursement this Period 750.98
City PALO ALTO	State CA	
Zip Code 94301	Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING	Transaction ID : SB17.18064.31
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 219 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. COMFORT INN &amp; SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 20 HATFIELD LANE		Amount of Each Disbursement this Period 554.33
City GOSHEN	State NY	
Zip Code 10924	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING	Transaction ID : SB17.18064.32
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAPERLESS POST</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 115 BROADWAY		Amount of Each Disbursement this Period 257.70
City NEW YORK	State NY	
Zip Code 10006	Purpose of Disbursement HAYWORTH IN-KIND: PRINTING & DESIGN SERVICES	Transaction ID : SB17.18064.33
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FACEBOOK ADVERTISING USA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 156 UNIVERSITY AVE.		Amount of Each Disbursement this Period 750.47
City PALO ALTO	State CA	
Zip Code 94301	Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING	Transaction ID : SB17.18064.34
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 220 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 536.74
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement HAYWORTH IN-KIND: MERCHANT FEES		Transaction ID : SB17.18064.35
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. COMFORT INN &amp; SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 20 HATFIELD LANE		Amount of Each Disbursement this Period 79.19
City GOSHEN	State NY Zip Code 10924	
Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING		Transaction ID : SB17.18064.36
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PAPERLESS POST</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 115 BROADWAY		Amount of Each Disbursement this Period 128.85
City NEW YORK	State NY Zip Code 10006	
Purpose of Disbursement HAYWORTH IN-KIND: PRINTING & DESIGN SERVICES		Transaction ID : SB17.18064.37
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 221 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial)  
**A. FACEBOOK ADVERTISING USA**

Mailing Address 156 UNIVERSITY AVE.

City PALO ALTO State CA Zip Code 94301

Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 18 / 2014

Amount of Each Disbursement this Period: 752.31

Transaction ID : SB17.18064.38

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. BJ'S WHOLESALE CLUB**

Mailing Address 232 LARKIN DRIVE

City MONROE State NY Zip Code 10950

Purpose of Disbursement HAYWORTH IN-KIND: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 19 / 2014

Amount of Each Disbursement this Period: 260.64

Transaction ID : SB17.18064.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. COMFORT INN & SUITES**

Mailing Address 20 HATFIELD LANE

City GOSHEN State NY Zip Code 10924

Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 19 / 2014

Amount of Each Disbursement this Period: 554.33

Transaction ID : SB17.18064.40

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 222 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial)  
**A. STAPLES**

Mailing Address 350 N. BEDFORD ROAD

City MOUNT KISCO State NY Zip Code 10549

Purpose of Disbursement  
HAYWORTH IN-KIND: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 19 / 2014

Amount of Each Disbursement this Period: 104.13

Transaction ID : SB17.18064.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. CMDI**

Mailing Address 1593 SPRING HILL RD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
HAYWORTH IN-KIND: MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 21 / 2014

Amount of Each Disbursement this Period: 484.52

Transaction ID : SB17.18064.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. COMFORT INN & SUITES**

Mailing Address 20 HATFIELD LANE

City GOSHEN State NY Zip Code 10924

Purpose of Disbursement  
HAYWORTH IN-KIND: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 21 / 2014

Amount of Each Disbursement this Period: 79.19

Transaction ID : SB17.18064.43

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 262			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. COMFORT INN &amp; SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address 20 HATFIELD LANE		Amount of Each Disbursement this Period 79.19
City GOSHEN	State NY Zip Code 10924	
Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING		Transaction ID : SB17.18064.44
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CARMEL BAGEL &amp; DELI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 126 GLENEIDA AVE		Amount of Each Disbursement this Period 21.80
City CARMEL	State NY Zip Code 10512	
Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: FOOD		Transaction ID : SB17.18064.45
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CARMEL BAGEL &amp; DELI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 126 GLENEIDA AVE		Amount of Each Disbursement this Period 70.00
City CARMEL	State NY Zip Code 10512	
Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: FOOD		Transaction ID : SB17.18064.46
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 224 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial)  
**A. FACEBOOK ADVERTISING USA**

Mailing Address 156 UNIVERSITY AVE.

City PALO ALTO State CA Zip Code 94301

Purpose of Disbursement  
HAYWORTH IN-KIND: ONLINE ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 22 / 2014

Amount of Each Disbursement this Period  
751.29

Transaction ID : SB17.18064.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. PAPERLESS POST**

Mailing Address 115 BROADWAY

City NEW YORK State NY Zip Code 10006

Purpose of Disbursement  
HAYWORTH IN-KIND: PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 23 / 2014

Amount of Each Disbursement this Period  
257.70

Transaction ID : SB17.18064.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. COMFORT INN & SUITES**

Mailing Address 20 HATFIELD LANE

City GOSHEN State NY Zip Code 10924

Purpose of Disbursement  
HAYWORTH IN-KIND: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 26 / 2014

Amount of Each Disbursement this Period  
395.95

Transaction ID : SB17.18064.49

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 225 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. COMFORT INN &amp; SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 20 HATFIELD LANE		Amount of Each Disbursement this Period 554.33
City GOSHEN	State NY	
Zip Code 10924	Purpose of Disbursement HAYWORTH IN-KIND: TRAVEL: LODGING	Transaction ID : SB17.18064.50
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UNITED STATES POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 245 WESTCHESTER AVE		Amount of Each Disbursement this Period 245.00
City PORT CHESTER	State NY	
Zip Code 10573	Purpose of Disbursement HAYWORTH IN-KIND: POSTAGE	Transaction ID : SB17.18064.51
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 751.00
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement HAYWORTH IN-KIND: MERCHANT FEES	Transaction ID : SB17.18064.52
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 226 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. FACEBOOK ADVERTISING USA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 156 UNIVERSITY AVE.		Amount of Each Disbursement this Period 7,999.99 189.13
City PALO ALTO State CA Zip Code 94301	Purpose of Disbursement HAYWORTH IN-KIND: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.18064.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. HIGHWAY DISPLAYS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 404 MAPLE STREET		Amount of Each Disbursement this Period 7,999.99 650.00
City POUGHKEEPSIE State NY Zip Code 12601	Purpose of Disbursement PRINT ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.16881
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. TYASIA HOLMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 65 S. HAMILTON ST., APT. 3		Amount of Each Disbursement this Period 7,999.99 132.00
City POUGHKEEPSIE State NY Zip Code 12601	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.16807
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	782.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 227 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. ICAMPAIGN, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014	
Mailing Address 2 GOLDWIN STREET			Amount of Each Disbursement this Period 2500.00	
City RYE	State NY	Zip Code 10580	Transaction ID : SB17.16792	
Purpose of Disbursement DATA MANAGEMENT SERVICES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. ICAMPAIGN, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 2 GOLDWIN STREET			Amount of Each Disbursement this Period 4000.00	
City RYE	State NY	Zip Code 10580	Transaction ID : SB17.16859	
Purpose of Disbursement DATA MANAGEMENT SERVICES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. INTERSTATE WASTE SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 89 BLACK MEADOW RD			Amount of Each Disbursement this Period 462.96	
City CHESTER	State NY	Zip Code 10918	Transaction ID : SB17.16787	
Purpose of Disbursement CLEANING SERVICES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6962.96
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 228 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. INTERSTATE WASTE SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 89 BLACK MEADOW RD		Amount of Each Disbursement this Period 77.16 <b>Transaction ID : SB17.16849</b>
City CHESTER State NY Zip Code 10918	Purpose of Disbursement CLEANING SERVICES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INTERSTATE WASTE SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 89 BLACK MEADOW RD		Amount of Each Disbursement this Period 77.16 <b>Transaction ID : SB17.16874</b>
City CHESTER State NY Zip Code 10918	Purpose of Disbursement RENT & UTILITIES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300		Amount of Each Disbursement this Period 13782.51 <b>Transaction ID : SB17.16772</b>
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13936.83
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 262			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300			Amount of Each Disbursement this Period 143919.00 <b>Transaction ID : SB17.16892</b>
City PRINCETON	State NJ	Zip Code 08540	
Purpose of Disbursement PLACED MEDIA	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. JAMESTOWN ASSOCIATES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300			Amount of Each Disbursement this Period 8728.00 <b>Transaction ID : SB17.16898</b>
City PRINCETON	State NJ	Zip Code 08540	
Purpose of Disbursement PLACED MEDIA	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. JAMESTOWN ASSOCIATES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 5 MAPLETON ROAD SUITE 300			Amount of Each Disbursement this Period 130030.00 <b>Transaction ID : SB17.16907</b>
City PRINCETON	State NJ	Zip Code 08540	
Purpose of Disbursement PLACED MEDIA	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	282677.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 230 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. CHRIS LAU</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 3 BLOSSOM TERRACE			Amount of Each Disbursement this Period 120.00	
City SALISBURY	State NY	Zip Code 12577	Transaction ID : SB17.16808	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SEUNG LEE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 70 LYNDON ROAD			Amount of Each Disbursement this Period 552.00	
City FISHKILL	State NY	Zip Code 12524	Transaction ID : SB17.16817	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SHANES LEENTJES</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 366 BELLVALE ROAD			Amount of Each Disbursement this Period 312.00	
City CHESTER	State NY	Zip Code 10918	Transaction ID : SB17.16818	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	984.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 231 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A. MAJORITY STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement  
DIRECT MAIL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 9000.00

Transaction ID : SB17.16771

**B. MAJORITY STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 17 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.16785

**C. MAJORITY STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 05 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.16876

**SUBTOTAL** of Disbursements This Page (optional)..... 12000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 262			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial)  
**A. MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City: PONTE VEDRA BEACH State: FL Zip Code: 32082

Purpose of Disbursement: STRATEGY CONSULTING

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 09 / 15 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.16885

Full Name (Last, First, Middle Initial)  
**B. MEDIA SOLSTICE MARKETING & PUBLIC RELATIONS**

Mailing Address 158 PIKE STREET, STE 5

City: PORT JERVIS State: NY Zip Code: 12771

Purpose of Disbursement: DIGITAL CONSULTING

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 07 / 08 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.16791

Full Name (Last, First, Middle Initial)  
**C. MEDIA SOLSTICE MARKETING AND PUBLIC RELATIONS**

Mailing Address 158 PIKE ST SUITE 5

City: PORT JERVIS State: NY Zip Code: 12771

Purpose of Disbursement: DIGITAL CONSULTING

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 08 / 27 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.16860

**SUBTOTAL** of Disbursements This Page (optional) ..... 5500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 233 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial)  
**A. MERCHANT SERVICES**

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 01 / 2014

Amount of Each Disbursement this Period  
961.34

Transaction ID : SB17.16825

Full Name (Last, First, Middle Initial)  
**B. KIMBERLY MORELLA**

Mailing Address P.O. BOX 155

City REDFORD HILLS State NY Zip Code 10507

Purpose of Disbursement  
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 26 / 2014

Amount of Each Disbursement this Period  
3000.00

Transaction ID : SB17.16909

Full Name (Last, First, Middle Initial)  
**C. NEW YORK STATE INSURANCE FUND**

Mailing Address 105 CORPORATE PARK DRIVE, #200

City WHITE PLAINS State NY Zip Code 10604

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 17 / 2014

Amount of Each Disbursement this Period  
3.43

Transaction ID : SB17.16783

**SUBTOTAL** of Disbursements This Page (optional)..... 3964.77

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 262			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. E. O'BRIEN MURRAY</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 235 WEST 56TH STREET 22H			Amount of Each Disbursement this Period 15000.00	
City NEW YORK	State NY	Zip Code 10019	Transaction ID : SB17.16776	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. E. O'BRIEN MURRAY</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 235 WEST 56TH STREET 22H			Amount of Each Disbursement this Period 15000.00	
City NEW YORK	State NY	Zip Code 10019	Transaction ID : SB17.16862	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. E. O'BRIEN MURRAY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 235 WEST 56TH STREET 22H			Amount of Each Disbursement this Period 7500.00	
City NEW YORK	State NY	Zip Code 10019	Transaction ID : SB17.16895	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 235 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. ORANGE AND ROCKLAND</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address P.O. BOX 1005		Amount of Each Disbursement this Period 477.39 <b>Transaction ID : SB17.16853</b>
City SPRING VALLEY	State NY	
Zip Code 10977	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TANIA PAWLYK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 11 ALDEN ROAD		Amount of Each Disbursement this Period 252.00 <b>Transaction ID : SB17.16809</b>
City MONROE	State NY	
Zip Code 10950	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 1405.01 <b>Transaction ID : SB17.16827</b>
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES/TAXES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2134.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 236 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 918.17 <b>Transaction ID : SB17.16828</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES/TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 84.26 <b>Transaction ID : SB17.16829</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 1263.76 <b>Transaction ID : SB17.16834</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICE/TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2266.19
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 237 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 493.13 <b>Transaction ID : SB17.16838</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICE/TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 897.59 <b>Transaction ID : SB17.16867</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICE/TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 3845.37 <b>Transaction ID : SB17.16891</b>
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICE/TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5236.09
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 238 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 4289.46
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES/TAXES	
Candidate Name		Transaction ID : SB17.16920
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Transaction ID : SB17.16850
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2402.50
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		Transaction ID : SB17.16897
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9091.96
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 239 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. NICK RICO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 22 WOODLAND AVE.		Amount of Each Disbursement this Period 354.00
City POUGHKEEPSIE	State NY	
Zip Code 12603	Purpose of Disbursement PAYROLL	Transaction ID : SB17.16810
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HANNAH SALZBERG</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 94 BEVERLY ROAD		Amount of Each Disbursement this Period 120.00
City CHESTER	State NY	
Zip Code 10918	Purpose of Disbursement PAYROLL	Transaction ID : SB17.16811
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RORY SILVERMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 10 WILLETTTS ROAD		Amount of Each Disbursement this Period 126.00
City MT. KISCO	State NY	
Zip Code 10549	Purpose of Disbursement PAYROLL	Transaction ID : SB17.16812
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 240 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. STRATEGIC PLANNING SYSTEMS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 150 KNICKERBOCKER AVENUE		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16770</b>
City BOHEMIA	State NY Zip Code 11716	
Purpose of Disbursement DATABASE MANAGEMENT SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MATTHEW SWEET</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 98 PELHAM DRIVE		Amount of Each Disbursement this Period 863.00 <b>Transaction ID : SB17.16819</b>
City CORNWALL ON HUDSON	State NY Zip Code 12518	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JAVIER TAPIA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 10 PINWOOD DR.		Amount of Each Disbursement this Period 3240.00 <b>Transaction ID : SB17.16824</b>
City GLENVILLE	State NY Zip Code 12302	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6603.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 241 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1033 NORTH FAIRFAX ST., SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEB DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 17 / 2014

Amount of Each Disbursement this Period: 2914.20

Transaction ID : SB17.16784

**B. TERENCE MICHOS**

Full Name (Last, First, Middle Initial)  
Mailing Address 26 VALLEY ROAD

City POUGHKEEPSIE State NY Zip Code 12603

Purpose of Disbursement FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 12 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.16883

**C. THE POLITICAL NETWORK**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 21383

City COLUMBUS State OH Zip Code 43221

Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 18 / 2014

Amount of Each Disbursement this Period: 982.00

Transaction ID : SB17.16899

**SUBTOTAL** of Disbursements This Page (optional) ..... 8896.20

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 242 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. THE POLITICAL NETWORK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address P.O. BOX 21383		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.16902</b>
City COLUMBUS	State OH	
Zip Code 43221	Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. THE PRINCETON CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 15 W. 43RD ST		Amount of Each Disbursement this Period 1479.39 <b>Transaction ID : SB17.16877</b>
City NEW YORK	State NY	
Zip Code 10036	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. THE TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 596.00 <b>Transaction ID : SB17.16790</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5075.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 243 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. THE TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 2771.50 <b>Transaction ID : SB17.16861</b>
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 1162.52 <b>Transaction ID : SB17.16878</b>
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THOMAS FOX &amp; SON INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 322 MAIN STREET		Amount of Each Disbursement this Period 704.25 <b>Transaction ID : SB17.16905</b>
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement CATERING SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4638.25
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 262			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. OLIVER TOWNSEND</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1 DEER HILL ROAD EXT			Amount of Each Disbursement this Period 204.00 <b>Transaction ID : SB17.16821</b>
City CORNWALL ON HUDSON	State NY	Zip Code 12520	
Purpose of Disbursement PAYROLL	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. TRUST U/L/W/T/O ANDREW L. PALMER</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address P.O. BOX 489			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.16769</b>
City CHESTER	State NY	Zip Code 10918	
Purpose of Disbursement RENT	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. TRUST U/L/W/T/O ANDREW L. PALMER</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P.O. BOX 489			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.16903</b>
City CHESTER	State NY	Zip Code 10918	
Purpose of Disbursement RENT	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2204.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 245 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. JAMES E. WALSH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 20 CHURCH AVENUE		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : SB17.16875</b>
City BALLSTON SPA	State NY	
Zip Code 12020	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JAMES E. WALSH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 20 CHURCH AVENUE		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16896</b>
City BALLSTON SPA	State NY	
Zip Code 12020	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.16831</b>
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8520.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 246 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 31.00
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Transaction ID : SB17.16856
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 20.00
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Transaction ID : SB17.16869
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 30.00
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Transaction ID : SB17.16893
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 247 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.16900</b>
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.16901</b>
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.16908</b>
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 262			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.16911</b>
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.16912</b>
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.16913</b>
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 249 OF 262	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. MARISSA WENZEL</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1003 FOREST GLEN		Amount of Each Disbursement this Period 198.00 <b>Transaction ID : SB17.16813</b>
City NEW WINDSOR	State NY	
Zip Code 12553	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WILEY REIN, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 1776 K STREET NW		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : SB17.16854</b>
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. LICHI WONG</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 914 SOUTH LAKE BOULEVARD		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.16906</b>
City MAHOPAC	State NY	
Zip Code 10541	Purpose of Disbursement RENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19198.00
<b>TOTAL</b> This Period (last page this line number only).....	691306.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 262			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF NAN HAYWORTH**

Full Name (Last, First, Middle Initial) <b>A. RICHARD JACOBSEN</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 52 VILLAGE WAY		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB20A.16781</b>
City BRANCHBURG	State NJ	
Zip Code 08876	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STEVEN SHAPIRO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 99 RICHMOND HILL ROAD		Amount of Each Disbursement this Period 2700.00 <b>Transaction ID : SB20A.16780</b>
City GREENWICH	State CT	
Zip Code 06831	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NEAL STROHMEYER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 92 PINE HILL ROAD		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.18209</b>
City TUXEDO PARK	State NY	
Zip Code 10987	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3950.00
<b>TOTAL</b> This Period (last page this line number only).....	3950.00

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5177**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>NAN HAYWORTH</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394		

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	48000.00	62000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 26 / Y 2009	M M / D D / Y Y Y Y DUE ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	62000.00
<b>TOTALS</b> This Period (last page in this line only).....	_____

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5180

**FRIENDS OF NAN HAYWORTH**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

**NAN HAYWORTH**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40000.00

0.00

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09

30

2009

DUE ON DEMAND

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

40000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5181

**FRIENDS OF NAN HAYWORTH**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

**NAN HAYWORTH**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 /

D 31 /

Y 2009 Y

M M /

D D /

Y DUE ON DEMAND Y

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

100000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5183**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>NAN HAYWORTH</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394		

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	15500.00	134500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2010	M M / D D / Y Y Y Y DUE ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	134500.00
<b>TOTALS</b> This Period (last page in this line only).....	

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5184

**FRIENDS OF NAN HAYWORTH**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

**NAN HAYWORTH**

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06

30

2010

DUE ON DEMAND

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

100000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4731

**FRIENDS OF NAN HAYWORTH**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**NAN HAYWORTH**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 394

City State ZIP Code  
FISHKILL NY 12524

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000.00 0.00 100000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 100000.00  
**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4782

**FRIENDS OF NAN HAYWORTH**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**NAN HAYWORTH**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 394

City State ZIP Code  
FISHKILL NY 12524

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
10033.45 0.00 10033.45

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 18 / Y 2012 M M / D D / ON DEMAND 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 10033.45  
**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4783

**FRIENDS OF NAN HAYWORTH**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**NAN HAYWORTH**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 394

City State ZIP Code  
FISHKILL NY 12524

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
63500.00 0.00 63500.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 21 / Y 2012 M M / D D / Y DUE ON DEMAND 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 63500.00  
**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.5187**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>NAN HAYWORTH</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394		

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 22 / Y 2013	M M / D D / Y Y Y Y DUE ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="50000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.14516

**FRIENDS OF NAN HAYWORTH**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**NAN HAYWORTH**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 394

City State ZIP Code  
FISHKILL NY 12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8527.39	0.00	8527.39

**TERMS**

Date Incurred: M 09 / D 30 / Y 2013  
 Date Due: M M / D D / Y DUE ON DEMAND  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	8527.39
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF NAN HAYWORTH** Transaction ID : **SC/10.16432**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>NAN HAYWORTH</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 394		

City	State	ZIP Code
FISHKILL	NY	12524

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2014	DUE ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	500000.00
<b>TOTALS</b> This Period (last page in this line only).....	1168560.84

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 262 OF 262
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**FRIENDS OF NAN HAYWORTH**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN SOLUTIONS</b>		Nature of Debt (Purpose): DIGITAL CONSULTING
Mailing Address 117 NORTH SAINT ASAPH STREET		
City	State	Zip Code
ALEXANDRIA	VA	22314

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.16433</b>	
1758.64		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1758.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1758.64
2) <b>TOTALS</b> This Period (last page this line number only) .....	1758.64
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	1168560.84
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1170319.48