

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))....	581667.85	2680238.76
(b) Total Contribution Refunds (from Line 20(d))	11564.00	28635.90
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	570103.85	2651602.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1267071.56	2042515.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	500.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1267071.56	2042015.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	785487.02	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	500000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Nan Hayworth

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	286115.00	1304931.07
(ii) Unitemized.....	32573.27	95507.00
(iii) TOTAL of contributions from individuals ▶	318688.27	1400438.07
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	262979.58	1274800.69
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	581667.85	2680238.76
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	3115.38	86441.48
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	500.40
15. OTHER RECEIPTS (Dividends, Interest, etc.)	413.97	1734.66
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	585197.20	2768915.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1267071.56	2042515.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	11564.00	28409.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	226.90
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	11564.00	28635.90
21. OTHER DISBURSEMENTS	0.00	15000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1278635.56	2086151.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1478925.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	585197.20
25. SUBTOTAL (add Line 23 and Line 24).....	2064122.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1278635.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	785487.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JOSHUA AARON

Mailing Address 104 SMITH AVE

City KINGSTON State NY Zip Code 12401-3912

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

Name of Employer SAWHORSE LUMBER & MORE Occupation MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012

Transaction ID : SA11.6398

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

Mailing Address 200 DIPLOMAT DRIVE, #5K

City MOUNT KISCO State NY Zip Code 10549-2037

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

Name of Employer ST. LUKE'S EPISCOPAL, SOMERS Occupation CHURCH ORGANIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11.7085

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

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

Mailing Address 200 DIPLOMAT DRIVE, #5K

City MOUNT KISCO State NY Zip Code 10549-2037

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

Name of Employer ST. LUKE'S EPISCOPAL, SOMERS Occupation CHURCH ORGANIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11.7136

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

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

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

2575.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) STEVE ABEL		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012
Mailing Address 103 S. BEDFORD ROAD		Transaction ID : SA11.6841
City MT. KISCO	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WESTCHESTER DENTAL	Occupation DENTIST	CONTRIBUTION
Receipt For: 2012 <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) JOHN M. ABRAHAMS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address 12 SULGRAVE ROAD		Transaction ID : SA11.7043
City SCARSDALE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer BRAIN & SPINE SURGEONS OF NEW YORK	Occupation NEUROSURGEON	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) KENNETH S. ABRAMOWITZ		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address P.O. BOX 958		Transaction ID : SA11.7144
City SOUTHPORT	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NGN CAPITAL	Occupation ANALYST	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MARY ADAMS

Mailing Address **243 RIVERSIDE DRIVE**

City **NEW YORK** State **NY** Zip Code **10025-6137**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : SA11.6870

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARY ADAMS

Mailing Address **243 RIVERSIDE DRIVE**

City **NEW YORK** State **NY** Zip Code **10025-6137**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7051

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARY ADAMS

Mailing Address **243 RIVERSIDE DRIVE**

City **NEW YORK** State **NY** Zip Code **10025-6137**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

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

Transaction ID : SA11.7305

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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 8 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 135 MAIN STREET

City SOUTH SALEM State NY Zip Code 10590-1209

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

Name of Employer ALBERT INVESTMENTS Occupation CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2012

Transaction ID : SA11.6576

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 135 MAIN STREET

City SOUTH SALEM State NY Zip Code 10590-1209

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

Name of Employer ALBERT INVESTMENTS Occupation CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : SA11.6803

Amount of Each Receipt this Period
 600.00
 CONTRIBUTION

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

Mailing Address 28 PINEVIEW DRIVE

City BREWSTER State NY Zip Code 10509-2653

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

Name of Employer NEW YORK MEDICAL COLLEGE Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1585.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11.6525

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

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

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

725.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 12 PADDINGTON RD.

City BRONXVILLE State NY Zip Code 10708-2414

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

Name of Employer PARACO GAS CORP. Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6933

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 5 APPLE MILL LANE

City NORTH SALEM State NY Zip Code 10560-1053

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

Name of Employer TOTAL ENERGY CORP. Occupation ENERGY EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7216

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 16 COACHLIGHT DRIVE

City POUGHKEEPSIE State NY Zip Code 12603-4241

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
760.00

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

Transaction ID : SA11.6590

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

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

1700.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JOHN J. ATHERTON

Mailing Address **16 COACHLIGHT DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-4241**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **760.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6941

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **11 ROBINSON LANE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-6315**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : SA11.6610

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **11 ROBINSON LANE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-6315**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2350.00**

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

Transaction ID : SA11.6673

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MICHAEL A. BAKER

Mailing Address **P.O. BOX 634**

City **MILLWOOD** State **NY** Zip Code **10546-0634**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : SA11.6007

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LINDA S. BAUER

Mailing Address **89 VAN WAGNER ROAD**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-1629**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11.6520

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HUGO BENCOMO

Mailing Address **24 MOUNTAIN VIEW TER**

City **WALDEN** State **NY** Zip Code **12586-2406**

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

Name of Employer **THE ROCKER INC.** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : SA11.6298

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1800.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DANIEL C. BENTON

Mailing Address **P.O. BOX 818**

City **KATONAH** State **NY** Zip Code **10536-0818**

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

Name of Employer **ANDOR CAPITAL MANAGEMENT** Occupation **CHAIRMAN & CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6916

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NANCY R. BERAN

Mailing Address **30 OLD ROARING BROOK ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-3714**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11.7291

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **16 ALTA LANE**

City **CHAPPAQUA** State **NY** Zip Code **10514-2902**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 12 / 2012

Transaction ID : SA11.6401

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
HOWARD BERK

Mailing Address **9 REIMER ROAD**

City **SCARSDALE** State **NY** Zip Code **10583-2805**

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

Name of Employer **MSD CAPITAL.COM** Occupation **PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11.6805

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NANCY P. BERNSTEIN

Mailing Address **19 AVONDALE ROAD**

City **WEST HARTFORD** State **CT** Zip Code **06117-1108**

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

Name of Employer **WOMEN'S HEALTH USA** Occupation **HEALTH CARE EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 26 / 2012

Transaction ID : SA11.6531

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CATHERINE BIDDLE

Mailing Address **53 ELMWOOD ROAD**

City **SOUTH SALEM** State **NY** Zip Code **10590-1918**

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

Name of Employer **N/A** Occupation **NONE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 08 / 2012

Transaction ID : SA11.6636

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. MARTIN J. BIENENSTOCK

Mailing Address 514 MT. HOLLY RD.

City State Zip Code
KATONAH NY 10536-2405

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

Name of Employer Occupation
ATTORNEY PROSKANER ROSE LLP

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11.6787

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

REATTRIBUTION REQUESTED FOR OVER LIMIT CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JANICE BILLINGSLEY

Mailing Address 6 RAMPART PASS BOX 432

City State Zip Code
WACCABUC NY 10597-1017

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

Name of Employer Occupation
SELF-EMPLOYED WRITER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11.7127

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address P.O. BOX 502

City State Zip Code
BERNARDSVILLE NJ 07924-0502

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

Name of Employer Occupation
BROOKFIELD VP

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7030

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. DANIEL G. BIRMINGHAM

Mailing Address P.O. BOX 244

City State Zip Code
BREWSTER NY 10509-0244

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

Name of Employer Occupation
HAWKINS AND ASSOCIATES ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 06 2012

Transaction ID : SA11.6609

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PEGGY S. BIRNEY

Mailing Address 4 WILLOW LAKE DRIVE

City State Zip Code
FISHKILL NY 12524-2952

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 17 2012

Transaction ID : SA11.6714

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JUNE BLANC

Mailing Address 340 ARMONK ROAD

City State Zip Code
MOUNT KISCO NY 10549-4615

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

Name of Employer Occupation
N/A UNEMPLOYED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 29 2012

Transaction ID : SA11.7186

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ELEANOR CRAWFORD BLITZER

Mailing Address 1248 SHADOW LANE

City FT. MYERS State FL Zip Code 33901-7733

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

Name of Employer PHYSICIANS PRIMARY CARE Occupation PEDIATRICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7006

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETER BLITZER

Mailing Address 1248 SHADOW LANE

City FORT MYERS State FL Zip Code 33901-7733

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7000

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address 56 DAVIDS HILL ROAD

City BEDFORD HILLS State NY Zip Code 10507-2520

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

Name of Employer SILVERCREST ASSET MANAGEMENT Occupation INVESTMENT COUNSELOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7217

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. MARGOT C. BOGERT		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012	
Mailing Address 56 DAVIDS HILL ROAD		Transaction ID : SA11.7220	
City BEDFORD HILLS	State NY	Zip Code 10507-2520	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2012 <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. MATTHEW J. BONANNO		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 03 / 2012	
Mailing Address 215 EAST 77TH STREET		Transaction ID : SA11.5937	
City NY	State NY	Zip Code 10075-2059	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer BONANNO PLASTIC SURGERY	Occupation PHYSICIAN		
Receipt For: 2012 <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) C. PHILIP C. BONANNO		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2012	
Mailing Address 47 HAIGHTS CROSS ROAD		Transaction ID : SA11.6802	
City CHAPPAQUA	State NY	Zip Code 10514-2906	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1750.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
BRUCE BOND

Mailing Address **44 BUTLER HILL ROAD**

City **SOMERS** State **NY** Zip Code **10589-2405**

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

Name of Employer **GARTNER** Occupation **BUSINESS EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2012

Transaction ID : SA11.6572

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRUCE BOND

Mailing Address **44 BUTLER HILL ROAD**

City **SOMERS** State **NY** Zip Code **10589-2405**

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

Name of Employer **GARTNER** Occupation **BUSINESS EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7205

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **301 COMMERCE STREET, STE 3300**

City **FORT WORTH** State **TX** Zip Code **76102-4133**

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

Name of Employer **TPG CAPITAL** Occupation **PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7239

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JOSEPH A. BOSCO III M.D.

Mailing Address 67 HAVEMEYER RD

City IRVINGTON State NY Zip Code 10533-2642

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : SA11.5982

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRIAN BOTTINI

Mailing Address 24 KRIS KORNER DR.

City MARLBORO State NY Zip Code 12542-5805

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

Name of Employer BOTTINI FUEL GROUP Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6931

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 82 EAST RIDGE ROAD

City WACCABUC State NY Zip Code 10597-1201

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

Name of Employer EAST RIDGE INVESTMENTS, LLC Occupation INVESTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : SA11.6843

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
STEVEN W. BRAUNSTEIN M.D.

Mailing Address 7316 KENNEDY BLVD

City NORTH BERGEN State NJ Zip Code 07047-4035

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

Name of Employer BRAUNSTEIN EYE ASSOCIATES Occupation OPHTHALMOLOGIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2012

Transaction ID : SA11.6018

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1775 CHAPARRAL

City CARSON CITY State NV Zip Code 89703-7427

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

Name of Employer CARSON MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11.7078

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 805 59TH STREET

City WEST DES MOINES State IA Zip Code 50266-7518

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : SA11.5934

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 49 COMMODORE ROAD

City CHAPPAQUA State NY Zip Code 10514-2609

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

Name of Employer MKMG Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6896

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD P. BROWNELL

Mailing Address 5 WHITE OAK LANE

City CHAPPAQUA State NY Zip Code 10514-1808

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

Name of Employer ZAREMBA, BROWNELL & BROWN, PLLC Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6930

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WHITNEY BULLOCK

Mailing Address 1440 S. OCEAN BLVD., #3B

City POMPAÑO BEACH State FL Zip Code 33062-7368

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7187

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JOHN BURIGO

Mailing Address 107 SPINNAKER LANE

City State Zip Code
JUPITER FL 33477-4003

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

Name of Employer Occupation
OB/GYN SPECIALISTS PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.6279

Amount of Each Receipt this Period
250.00
CONTRIBUTION

REFUNDED \$250.00 ON 07/17/2012

B. Full Name (Last, First, Middle Initial)
RICHARD CACCIAPAGLIA

Mailing Address 200 MAIN ST

City State Zip Code
RIDGEFIELD CT 06877-4931

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

Name of Employer Occupation
UBE MD EQUITY SALES

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : SA11.6854

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARK CALABRIA

Mailing Address 1756 WILLARD ST., NW

City State Zip Code
WASHINGTON DC 20009-1719

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

Name of Employer Occupation
CATO INSTITUTE POLICY ANALYST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7062

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LAUREN J. CARDULLO

Mailing Address 13 WHIPPOORWILL ROAD

City ARMONK State NY Zip Code 10504-1327

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 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 / 2012

Transaction ID : SA11.7090

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ELIZABETH CARLTON

Mailing Address 65 SEMINARY ROAD

City BEDFORD State NY Zip Code 10506-1227

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11.6812

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAYMOND J. CARNAHAN

Mailing Address 499 VERBANK ROAD

City MILLBROOK State NY Zip Code 12545-6023

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6738

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CELIA CARROLL

Mailing Address 855 OLD KITCHAWAN ROAD

City: **OSSINING** State: **NY** Zip Code: **10562-1401**

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

Name of Employer: **INFORMATION REQUESTED PER BEST EFF** Occupation: **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **08 / 13 / 2012**

Transaction ID : SA11.6403

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

CONTRIBUTION

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

Mailing Address 10 PRESTON LANE

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **1900.00**

Date of Receipt: **09 / 27 / 2012**

Transaction ID : SA11.6970

Amount of Each Receipt this Period: **150.00**

CONTRIBUTION

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

Mailing Address 5400 MACOMB ST., NW

City: **WASHINGTON** State: **DC** Zip Code: **20016-5307**

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

Name of Employer: **FIERCE, ISAKOWITZ & BLALOCK** Occupation: **PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **07 / 18 / 2012**

Transaction ID : SA11.6296

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

CONTRIBUTION

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 25 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DOMINICK CHIARIERI

Mailing Address **676A HERITAGE HILLS**

City **SOMERS** State **NY** Zip Code **10589-1972**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7185

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STACEY CLEVELAND

Mailing Address **326 PINE BROOK ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1618**

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

Name of Employer **EMERGENCY MEDICINE FOR MOMS** Occupation **PHYSICIAN ASSISTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7214

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **2707 YORK CT.**

City **SOUTHLAKE** State **TX** Zip Code **76092-8871**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : SA11.6669

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

REATTRIBUTION REQUESTED FOR OVER LIMIT CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 1500 CHESTNUT STREET, #20H

City PHILADELPHIA	State PA	Zip Code 19102-2747
----------------------	-------------	------------------------

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

Name of Employer NESTGEN HEALTHCARE	Occupation SALES EXECUTIVE
--	-------------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.6991

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROY C. COFFEE, III

Mailing Address 770 5TH ST., NW, APT. 1002

City WASHINGTON	State DC	Zip Code 20001-2670
--------------------	-------------	------------------------

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

Name of Employer COFFEE & ASSOCIATES	Occupation PRINCIPAL
---	-------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : SA11.6250

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROY C. COFFEE, III

Mailing Address 770 5TH ST., NW, APT. 1002

City WASHINGTON	State DC	Zip Code 20001-2670
--------------------	-------------	------------------------

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

Name of Employer COFFEE & ASSOCIATES	Occupation PRINCIPAL
---	-------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

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

Transaction ID : SA11.6330

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) MARYANN COLETY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address 121 COOPER DRIVE		Transaction ID : SA11.7225
City NEW ROCHELLE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: 2012 <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) MARTHA G. COLLINS		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2012
Mailing Address 241 NIMHAM ROAD		Transaction ID : SA11.7298
City KENT LAKES	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PUTNAM COUNTY TOURISM	Occupation DIRECTOR OF COMMUNICATIONS	CONTRIBUTION
Receipt For: 2012 <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) JOSEPH A. COMERFORD		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2012
Mailing Address 1223 ROUTE 82		Transaction ID : SA11.6541
City HOPEWELL JUNCTION	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 304		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LYNETTE CONE

Mailing Address **3614 NOTTINGHAM STREET**

City **HOUSTON** State **TX** Zip Code **77005-2221**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	2

Transaction ID : SA11.6440

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1685.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : SA11.6906

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEANNE CONRY

Mailing Address **8204 CANTERSHIRE WAY**

City **GRANITE BAY** State **CA** Zip Code **95746-9476**

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

Name of Employer **PERMANENTE MEDICAL GROUP** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	2

Transaction ID : SA11.7206

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JAMES P. CONSTANTINO		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2012	
Mailing Address 112 DAVIS ROAD		Transaction ID : SA11.7238	
City SALT POINT	State NY	Zip Code 12578-3120	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION	
Receipt For: 2012 <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. JEFF K. COOK		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2012	
Mailing Address 99 MAIN STREET		Transaction ID : SA11.6479	
City COLD SPRING	State NY	Zip Code 10516-2810	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00	
Name of Employer SELF-EMPLOYED	Occupation PUBLIC AFFAIRS CONSULTANT	CONTRIBUTION	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3400.00		

Full Name (Last, First, Middle Initial) C. SUSAN M. CORCORAN		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2012	
Mailing Address 340 SOUTH BEDFORD ROAD		Transaction ID : SA11.7122	
City BEDFORD CORNERS	State NY	Zip Code 10549-4954	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer JACKSON LEWIS LP	Occupation ATTORNEY	CONTRIBUTION	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2150.00
TOTAL 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 30 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

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

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11.5983

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANTHONY P. COSTA

Mailing Address **430 ROUTE 208**

City **NEWBURGH** State **NY** Zip Code **12561**

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

Name of Employer **EMPIRE STATE BANK** Occupation **CHAIRMAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SA11.6480

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEPHEN D'ANGELO

Mailing Address **6 EVAN PL**

City **ARMONK** State **NY** Zip Code **10504-1510**

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

Name of Employer **SELF** Occupation **CPA**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : SA11.6774

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 4875 PELICAN COLONY BLVD APT2004 B

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11.6492

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHARON DECHIARA

Mailing Address 300 CROTON LAKE ROAD

City State Zip Code
KATONAH NY 10536-1205

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

Name of Employer Occupation
PLASTIC & RECONSTRUCTIVE SURGERY PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6992

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 267 WESTCHESTER AVENUE

City State Zip Code
POUND RIDGE NY 10576-1714

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

Name of Employer Occupation
N/A UNEMPLOYED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7083

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 35 TERRELL FARM PLACE

City CHESHIRE State CT Zip Code 06410-2910

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

Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : SA11.6845

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 35 TERRELL FARM PLACE

City CHESHIRE State CT Zip Code 06410-2910

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

Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

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

Transaction ID : SA11.7289

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

Mailing Address 69 WOOD ROAD

City BEDFORD HILLS State NY Zip Code 10507-1219

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

Name of Employer VMWARE Occupation ENGINEER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11.7088

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1450.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ASHLEY DIAMOND

Mailing Address 401 PEA POND ROAD

City State Zip Code
KATONAH NY 10536-3832

FEC ID number of contributing federal political committee.

Name of Employer Occupation
COLDWELL BANKER REAL ESTATE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.6666

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KERYN DIAS

Mailing Address 14 GRANT PLACE

City State Zip Code
ARLINGTON TX 76013-3155

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MEDICAL CLINIC OF N. TEXAS PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.6338

Amount of Each Receipt this Period

CONTRIBUTION

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.

Name of Employer Occupation
NEUBERGER BERMAN SALES

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.6346

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
VINCENT DIMASO

Mailing Address **244 S. GRAND AVE.**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-3417**

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

Name of Employer **SELF EMPLOYED** Occupation **REAL ESTATE SALES**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11.6657

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **13221 PONDEROSA WAY**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6997

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

Mailing Address **180 GLEN PARKWAY**

City **HAMDEN** State **CT** Zip Code **06517-1511**

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

Name of Employer **YALE-NEW HAVEN HOSPITAL** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7117

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

5250.00

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

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

FOR LINE NUMBER: PAGE 35 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ELIZABETH N. DOSORETZ

Mailing Address 15780 OLD WEDGEWOOD CT.

City State Zip Code
FORT MYERS FL 33908-7209

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

Name of Employer Occupation
ASSOCIATES IN COUNSELING THERAPIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.7004

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SUSAN A. DOYLE

Mailing Address P.O. BOX 1739

City State Zip Code
PLEASANT VALLEY NY 12569-1739

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

Name of Employer Occupation
BIG BROTHERS BIG SISTERS OF NEW YORK SENIOR PROGRAM MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : SA11.6630

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 3 WESTMINSTER ROAD

City State Zip Code
MENDHAM NJ 07945-3108

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

Name of Employer Occupation
OLIVER WYMAN EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : SA11.6773

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CHARLES DUFFY

Mailing Address **22 BOUTONVILLE ROAD**

City **SOUTH SALEM** State **NY** Zip Code **10590-1514**

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

Name of Employer **DUFFYTERENZI, LLP** Occupation **PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : SA11.6395

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **565 FIFTH AVENUE, 4TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10017-2424**

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

Name of Employer **DKM CORP.** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7189

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

Mailing Address **47 CREST ROAD**

City **CHAPPAQUA** State **NY** Zip Code **10514-2706**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7069

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

2850.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
GEORGE H. EISENBACH

Mailing Address **34 BILLYS WAY**

City **COLD SPRING** State **NY** Zip Code **10516-1018**

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

Name of Employer **ESTEE LAUDER, INC.** Occupation **FACILITIES MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6987

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PEGGY ELLIS

Mailing Address **3211 OLD DOMINION BOULEVARD**

City **ALEXANDRIA** State **VA** Zip Code **22305-1317**

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

Name of Employer **ELLIS & COMPANY, L.L.C.** Occupation **STRATEGIST**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11.6019

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID K. EMMEL

Mailing Address **28 HENDERSON DRIVE**

City **AVON** State **CT** Zip Code **06001-2805**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 21 / 2012

Transaction ID : SA11.6501

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ANDREW J. ENTWISTLE

Mailing Address 69 GIRDLE RIDGE RD

City State Zip Code
KATONAH NY 10536-3814

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

Name of Employer Occupation
ENTWISTLE & CAPPUCCI LLP ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SA11.6488

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

OVERLIMIT CONTRIBUTION TO BE REFUNDED WITHIN 60 DAYS REFUND TO BE ISSUED

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

Mailing Address 19 SCHOOLHOUSE RD.

City State Zip Code
WACCABUC NY 10597-1113

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

Name of Employer Occupation
GOOD YEAR VP, GLOBAL INNOVATION

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : SA11.6459

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 19 SCHOOLHOUSE RD.

City State Zip Code
WACCABUC NY 10597-1113

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

Name of Employer Occupation
GOOD YEAR VP, GLOBAL INNOVATION

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7237

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

5600.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. JOHN D. EYLERS

Mailing Address P.O. BOX 318

City WESTBROOKVILLE State NY Zip Code 12785-0318

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

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

Transaction ID : SA11.6353

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN D. EYLERS

Mailing Address P.O. BOX 318

City WESTBROOKVILLE State NY Zip Code 12785-0318

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11.6518

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN D. EYLERS

Mailing Address P.O. BOX 318

City WESTBROOKVILLE State NY Zip Code 12785-0318

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6910

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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 40 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **7 SHOREHAVEN ROAD**

City **NORWALK** State **CT** Zip Code **06855-2806**

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

Name of Employer **LIME ROCK MANAGEMENT** Occupation **INVESTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6898

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

Mailing Address **250 SCUDDERS LANE**

City **ROSLYN** State **NY** Zip Code **11576-1038**

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

Name of Employer **BELSTAR HOLDINGS** Occupation **PORTFOLIO MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2012

Transaction ID : SA11.6868

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **171 S. WHITEROCK ROAD**

City **HOLMES** State **NY** Zip Code **12531-5406**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 01 / 2012

Transaction ID : SA11.5894

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ALLAN H. FARQUHAR

Mailing Address 171 S. WHITEROCK ROAD

City HOLMES State NY Zip Code 12531-5406

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7073

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALLAN H. FARQUHAR

Mailing Address 171 S. WHITEROCK ROAD

City HOLMES State NY Zip Code 12531-5406

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7073B

Amount of Each Receipt this Period
-500.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

Mailing Address 171 S. WHITEROCK RD.

City HOLMES State NY Zip Code 12531-5406

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7412

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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 42 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JOHN J. FERGUSON

Mailing Address 365 CEDAR HILL ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer FERGUSON COHEN, LLP Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7016

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ERNEST FETCHKO

Mailing Address 72 MARK MEAD RD.

City CROSS RIVER State NY Zip Code 10518-1100

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11.7299

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT N. FISCHER

Mailing Address 9 CONGRESSIONAL DR.

City NEWBURGH State NY Zip Code 12550-2507

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
415.00

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

Transaction ID : SA11.6371

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ROBERT N. FISCHER

Mailing Address **9 CONGRESSIONAL DR.**

City **NEWBURGH** State **NY** Zip Code **12550-2507**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
415.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : SA11.6455

Amount of Each Receipt this Period
65.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT N. FISCHER

Mailing Address **9 CONGRESSIONAL DR.**

City **NEWBURGH** State **NY** Zip Code **12550-2507**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
415.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6961

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **3814 IVANHOE LANE**

City **ALEXANDRIA** State **VA** Zip Code **22310-2170**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7070

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

REATTRIBUTION REQUESTED FOR OVERLIMIT CONTRIBUTION

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

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

1315.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LAWRENCE S. FISHELSON

Mailing Address **221 WEST 17TH STREET**

City **NEW YORK** State **NY** Zip Code **10011-5378**

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

Name of Employer **DYNALINK** Occupation **COO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7268

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ARI FLEISCHER

Mailing Address **23 MILLER ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2205**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6952

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REBECCA FLEISCHER

Mailing Address **23 MILLER ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2205**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 16 / 2012

Transaction ID : SA11.6691

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 45 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
APRIL HOXIE FOLEY

Mailing Address 45 SMITH RIDGE ROAD

City SOUTH SALEM State NY Zip Code 10590-1923

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

Name of Employer XERIUM TECHNOLOGIES Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7009

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMY M. FOX

Mailing Address 15750 OLD WEDGEWOOD CT.

City FORT MYERS State FL Zip Code 33908-7209

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

Name of Employer 21ST CENTURY ONCOLOGY Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7007

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

Mailing Address 25 WEST DEER TRAIL

City PAWLING State NY Zip Code 12564-2169

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

Name of Employer WESTCHESTER MEDICAL SOCIETY Occupation EXECUTIVE DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : SA11.6496

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

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

5050.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ALFRED FROEBRICH

Mailing Address **4 ELLEN CT.**

City **CROTON ON HUDSON** State **NY** Zip Code **10520-1405**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7097

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM FRUMKIN

Mailing Address **41 TAMARACK ROAD**

City **MAHOPAC** State **NY** Zip Code **10541-1408**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 01 / 2012

Transaction ID : SA11.6570

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **41 TAMARACK ROAD**

City **MAHOPAC** State **NY** Zip Code **10541-1408**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7065

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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 47 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) STANLEY A. GALL		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2012
Mailing Address 6 ARDEN ROAD		Transaction ID : SA11.6810
City GLENVIEW	State KY	Zip Code 40025-7520
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00 CONTRIBUTION	
Name of Employer UNIVERSITY OF LOUISVILLE	Occupation PHYSICIAN	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) STEPHANIE GALLAGHER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012
Mailing Address 22 WEST STREET		Transaction ID : SA11.6659
City COLD SPRING	State NY	Zip Code 10516-3210
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer COLD SPRING LANDING WORLD CITY AMER	Occupation PRESIDENT	
Receipt For: 2012 <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) HENRY R. GALLER		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2012
Mailing Address 5 MERCURY AVENUE		Transaction ID : SA11.6288
City MONROE	State NY	Zip Code 10950-5226
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 800.00 CONTRIBUTION	
Name of Employer HENRY'S ATTIC, INC.	Occupation EXECUTIVE	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **5 MERCURY AVENUE**

City **MONROE** State **NY** Zip Code **10950-5226**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11.6645

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SILVIA GALMARINI

Mailing Address **104 HISPANIOLA LANE**

City **BONITA SPRINGS** State **FL** Zip Code **34134-8519**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6996

Amount of Each Receipt this Period
1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
IRA J. GANGER

Mailing Address **34 HERRICK DRIVE**

City **LAWRENCE** State **NY** Zip Code **11559-1528**

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

Name of Employer **GANGER FOUNDATION** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6963

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 640 GRANT ROAD

City NORTH SALEM State NY Zip Code 10560-2314

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

Name of Employer N/A Occupation CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7036

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 458 GREENWICH STREET, #A3

City NEW YORK State NY Zip Code 10013-1759

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : SA11.6806

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
J.D. GILL

Mailing Address 7 PINE STREET

City COLD SPRING State NY Zip Code 10516-1524

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11.7312

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

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

1050.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **5 REYNOLDS LANE**

City **KATONAH** State **NY** Zip Code **10536-3837**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7119

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **185 CEDAR LANE, #L4**

City **TEANECK** State **NJ** Zip Code **07666-4303**

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

Name of Employer **GLASSMAN EYE ASSOCIATES** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

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

Transaction ID : SA11.7296

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALEXANDER GOLDFARB

Mailing Address **21 PATTERSON ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-1521**

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

Name of Employer **SANDLER O'NEILL** Occupation **MANAGING DIRECTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 04 / 2012

Transaction ID : SA11.5947

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ALEXANDER GOLDFARB

Mailing Address 21 PATTERSON ROAD

City POUND RIDGE State NY Zip Code 10576-1521

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

Name of Employer SANDLER O'NEILL Occupation MANAGING DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : SA11.6549

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALEXANDER GOLDFARB

Mailing Address 21 PATTERSON ROAD

City POUND RIDGE State NY Zip Code 10576-1521

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

Name of Employer SANDLER O'NEILL Occupation MANAGING DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11.6804

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARK GOLDWASSER

Mailing Address 2 CORNELL STREET

City SCARSDALE State NY Zip Code 10583-7608

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

Name of Employer NATIONAL SECURITIES Occupation C.E.O.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7188

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) ARTHUR GOSNELL		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012
Mailing Address 30 JUNE ROAD		Transaction ID : SA11.6791
City NORTH SALEM	State NY	Zip Code 10560-2318
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00 CONTRIBUTION	
Name of Employer STONEHURST CAPITAL INC	Occupation INVESTMENTS	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) BRENDA GREEN		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 03 / 2012
Mailing Address 5075 FIELDSTON ROAD		Transaction ID : SA11.5939
City BRONX	State NY	Zip Code 10471-2909
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer VISITING NURSE SERVICE OF NY	Occupation NURSE	
Receipt For: 2012 <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) DANIEL W. GREEN		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 03 / 2012
Mailing Address 5075 FIELDSTON ROAD		Transaction ID : SA11.5938
City BRONX	State NY	Zip Code 10471-2909
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer HOSPITAL FOR SPECIAL SURGERIES	Occupation PHYSICIAN	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JACK GRESS

Mailing Address **21 LAKEVIEW RD**

City **NORTH SALEM** State **NY** Zip Code **10560-2910**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SA11.6473

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANN GRIFFIN

Mailing Address **143 RUXTON ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-4025**

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

Name of Employer **AMERIPRISE FINANCIAL** Occupation **FINANCIAL ADVISOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6907

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 2356**

City **MIDDLETOWN** State **NY** Zip Code **10940-7831**

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

Name of Employer **A. GURDA PRODUCE, INC.** Occupation **OWNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.6540

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
TOM HARGROVE

Mailing Address **79 SECOND HIANITALL ROAD**

City **BRIDGEWATER** State **CT** Zip Code **06752**

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

Name of Employer **SELF** Occupation **PRIVATE INVESTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11.6693

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ELLEN R HARRIS

Mailing Address **344 W 72ND ST, APT. 7D**

City **NEW YORK** State **NY** Zip Code **10023-2637**

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

Name of Employer **UBS FINANCIAL SERVICES** Occupation **FINANCIAL ADVISOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6895

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **628 CEDAR LANE**

City **TEANECK** State **NJ** Zip Code **07666-1704**

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

Name of Employer **ASSOC RETINAL CONSULTING** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11.5994

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 55 OF 304
(check only one)
 11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LEWIS J. HART JR.

Mailing Address 136 SEVEN BRIDGES RD.

City CHAPPAQUA State NY Zip Code 10514-1122

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

Name of Employer CHAPPAQUA CAPITAL Occupation PRINCIPAL

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7276

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

REATTRIBUTION REQUESTED FOR OVER LIMIT CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID A. HARTMAN

Mailing Address 3345 BEE CAVE ROAD SUITE 203

City AUSTIN State TX Zip Code 78746-6692

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6914

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 3345 BEE CAVE ROAD SUITE 203

City AUSTIN State TX Zip Code 78746-6692

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

Name of Employer HARTMAN & ASSOCIATES Occupation COO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6915

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DONALD E. HATCHER

Mailing Address **12 BONNIEWOOD DRIVE**

City **MAHOPAC** State **NY** Zip Code **10541**

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

Name of Employer **SELF EMPLOYED** Occupation **GRAPHIC DESIGNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SA11.6484

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY HAYDEN

Mailing Address **22 SYCAMORE BLVD.**

City **WINGDALE** State **NY** Zip Code **12594-1309**

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

Name of Employer **CONTRACTORS LINE & GRADE SO.** Occupation **SURVEYOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : SA11.6006

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOWARD HELLWINKEL

Mailing Address **44 FINCH ROAD**

City **NORTH SALEM** State **NY** Zip Code **10560-1507**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
610.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SA11.6478

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 57 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address P.O. BOX 660

City State Zip Code
BEDFORD NY 10506-0660

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1375.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2012

Transaction ID : SA11.6637

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 660

City State Zip Code
BEDFORD NY 10506-0660

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1375.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2012

Transaction ID : SA11.6809

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 358 GRAPE HOLLOW ROAD

City State Zip Code
HOLMES NY 12531-5426

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

Name of Employer Occupation
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2810.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2012

Transaction ID : SA11.6396

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 58 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NILO E. HERRERA
 Mailing Address 358 GRAPE HOLLOW ROAD
 City State Zip Code
HOLMES NY 12531-5426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MOUNT KISCO MEDICAL GROUP PHYSICIAN
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
2810.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 20 2012
Transaction ID : SA11.6778
 Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETER HERSH
 Mailing Address 300 FRANK W. BURR BLVD.
 City State Zip Code
TEANECK NJ 07666-6704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 18 2012
Transaction ID : SA11.6768
 Amount of Each Receipt this Period
600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN HERVEY
 Mailing Address 433 JAY STREET
 City State Zip Code
KATONAH NY 10536-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
LAZARD CAPITAL MARKETS FINANCIAL ANALYST
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 31 2012
Transaction ID : SA11.6553
 Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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 59 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
TANIA R. HIGGINS

Mailing Address **P.O. BOX 1014**

City **NEW YORK** State **NY** Zip Code **10021-0036**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

Transaction ID : SA11.6510

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
IFFATH A. HOSKINS

Mailing Address **515 EAST 72ND STREET, #17H**

City **NEW YORK** State **NY** Zip Code **10021-4014**

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

Name of Employer **LUTHERAN MEDICAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : SA11.6783

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **125 QUASSAICK AVENUE**

City **NEW WINDSOR** State **NY** Zip Code **12553-6635**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11.6304

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 125 QUASSAICK AVENUE

City State Zip Code
NEW WINDSOR NY 12553-6635

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11.6667

Amount of Each Receipt this Period
150.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RANDALL HOUGH

Mailing Address 1826 GARVEY AVENUE, #5

City State Zip Code
ALHAMBRA CA 91803-4260

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11.6888

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALFRED HURLEY

Mailing Address 830 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-2757

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

Name of Employer Occupation
EMIGRANT BANK VICE CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11.6770

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 140 SHAGBARK LANE

City HOPEWELL JUNCTION State NY Zip Code 12533-5282

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

Name of Employer BOEHRINGER INGELHEIM PHARMA Occupation MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
925.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2012

Transaction ID : SA11.6564

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MORTON HYMAN

Mailing Address 998 FIFTH AVENUE

City NEW YORK State NY Zip Code 10028-0102

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

Name of Employer SELF-EMPLOYED Occupation PRIVATE INVESTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : SA11.6846

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CARMINE ISTVAN

Mailing Address 11 HUBER RD.

City WAPPINGERS FALLS State NY Zip Code 12590-7519

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

Name of Employer EASTERN VIEW Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6751

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CHRIS JACOBS

Mailing Address 156 E 37TH ST

City NEW YORK State NY Zip Code 10016-0340

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

Name of Employer ERIE COUNTY Occupation COUNTY CLERK

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6897

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FREDRICK JAFFE

Mailing Address 4 RICHBELL CLOSE

City SCARSDALE State NY Zip Code 10583-4424

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : SA11.5935

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAN L. JANSEN

Mailing Address 161 GLENMERE AVENUE

City FLORIDA State NY Zip Code 10921-1205

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

Name of Employer WARWICK REPUBLICAN COMMITTEE Occupation CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11.6813

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LYDIA JEFFRIES

Mailing Address **21 WILSON LANE**

City **FAIRVIEW** State **NC** Zip Code **28730-9564**

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

Name of Employer **ASHEVILLE WOMEN'S MEDICAL CENTER** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11.6872

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address **19 BRADFORD COURT**

City **BREWSTER** State **NY** Zip Code **10509-4935**

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

Name of Employer **VERIZON** Occupation **DIRECTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
355.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11.6875

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

Mailing Address **87 CLINTON ROAD**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2515**

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

Name of Employer **BELSTAR GROUP, LLC** Occupation **INVESTMENT MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6981

Amount of Each Receipt this Period
150.00

CONTRIBUTION

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 64 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CHRIS JONES

Mailing Address 3507 BROADRUN DR

City State Zip Code
FAIRFAX VA 22033-2164

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

Name of Employer Occupation
FERGUSON STRATEGIES PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2012

Transaction ID : SA11.6855

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM KAPLAN

Mailing Address 19 RIVERS EDGE

City State Zip Code
NEWBURGH NY 12550-1457

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

Name of Employer Occupation
LEGENT INTERNATIONAL LTD. OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2012

Transaction ID : SA11.6658

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EVAN KARAS

Mailing Address 5 MEADOW BROOK ROAD

City State Zip Code
KATONAH NY 10536-3849

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

Name of Employer Occupation
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2012

Transaction ID : SA11.6670

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 18 SUNDERLAND LANE

City KATONAH State NY Zip Code 10536-3162

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11.6789

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address 1470 LUCAS AVE.

City COTTEKILL State NY Zip Code 12419-5107

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

Name of Employer THE CHAZEN COMPANIES Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6724

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address 2270 COLONIAL BLVD.

City FORT MYERS State FL Zip Code 33907-1412

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

Name of Employer 21ST CENTURY ONCOLOGY Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.6995

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 66 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JEAN M. KEARNEY
 Mailing Address 51 AVERILL DRIVE
 City State Zip Code
 MAHOPAC NY 10541-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11.6612
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ADINA H. KELLER
 Mailing Address 30 GEDNEY WAY
 City State Zip Code
 CHAPPAQUA NY 10514-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MOUNT KISCO MEDICAL GROUP PHYSICIAN
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11.6516
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY L. KELLER
 Mailing Address 30 GEDNEY WAY
 City State Zip Code
 CHAPPAQUA NY 10514-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MOUNT KISCO MEDICAL GROUP PHYSICIAN
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11.6515
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
A. KELLY

Mailing Address **929 COLLEGE AVENUE**

City **FORT WORTH** State **TX** Zip Code **76104-3048**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11.6889

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **11 LONG MEADOW RD**

City **BEDFORD** State **NY** Zip Code **10506-1119**

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

Name of Employer **AMERICAN EXPRESS** Occupation **PUBLISHER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6983

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUE W. KELLY

Mailing Address **187 JAY STREET**

City **KATONAH** State **NY** Zip Code **10536-3702**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7215

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 68 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **65 EAST 55TH STREET**

City **NEW YORK** State **NY** Zip Code **10022-3219**

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

Name of Employer **DAVIDSON KEMPNER CAPITAL MANAGEMEN** Occupation **HEDGE FUND MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2012

Transaction ID : SA11.6795

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NANCY KESKULA

Mailing Address **446 RILEY RD**

City **NEW WINDSOR** State **NY** Zip Code **12553-7270**

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

Name of Employer **N/A** Occupation **STAY AT HOME MOM**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7082

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
760.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.6246

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMIT KHURANA

Mailing Address **315 EAST 86TH STREET**

City **NEW YORK** State **NY** Zip Code **10028-4771**

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

Name of Employer **SELF** Occupation **REAL ESTATE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.7028

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

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

Mailing Address **121 BUXTON ROAD**

City **BEDFORD HILLS** State **NY** Zip Code **10507-2310**

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

Name of Employer **CITADEL, LLC** Occupation **FINANCE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 23 / 2012

Transaction ID : SA11.6800

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **800 5TH AVENUE, #20-F**

City **NEW YORK** State **NY** Zip Code **10065-7289**

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

Name of Employer **RMS CORP.** Occupation **MANAGEMENT**

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11.6344

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

1400.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ZINA KLANG

Mailing Address **54 HERITAGE DRIVE**

City **PLEASANTVILLE** State **NY** Zip Code **10570-1419**

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

Name of Employer **RMS COMPUTER CORP.** Occupation **RECRUITMENT/SALES**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 12 / 2012

Transaction ID : SA11.6672

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **279 HAWLEY ROAD**

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

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

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

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date **685.00**

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

Transaction ID : SA11.6380

Amount of Each Receipt this Period
10.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM GENERAL**

C. Full Name (Last, First, Middle Initial)
BRUCE A. KOLKMANN

Mailing Address **37 E. HUDSON HARBOUR DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12601-5379**

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

Name of Employer **RAYMOND OPTICIANS, INC.** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11.6741

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
BRUCE A. KOLKMANN

Mailing Address **37 E. HUDSON HARBOUR DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12601-5379**

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

Name of Employer **RAYMOND OPTICIANS, INC.** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7233

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS KORZUN

Mailing Address **326 BONE HOLLOW ROAD**

City **ACCORD** State **NY** Zip Code **12404-5333**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7138

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JACQUELINE KOUGELIS

Mailing Address **374 CAMPUS ROAD**

City **FRANKLIN SQUARE** State **NY** Zip Code **11010-3412**

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

Name of Employer **WILLIAM KOUGLEIS PLUMBING** Occupation **MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

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

Transaction ID : SA11.6588

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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: PAGE 72 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MICHELLE KOURY

Mailing Address **37 MURRAY AVENUE**

City **GOSHEN** State **NY** Zip Code **10924-1822**

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

Name of Employer **CRYSTAL RUN HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4150.00

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

Transaction ID : SA11.6349

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHELLE KOURY

Mailing Address **37 MURRAY AVENUE**

City **GOSHEN** State **NY** Zip Code **10924-1822**

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

Name of Employer **CRYSTAL RUN HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : SA11.6858

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEVEN W. KRAUS

Mailing Address **34 SCENIC RIDGE DRIVE**

City **BREWSTER** State **NY** Zip Code **10509-4303**

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

Name of Employer **BROWN AND TARANTINO** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : SA11.6869

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

2650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
GREGORY LA SORSA

Mailing Address **254 INCREASE MILLER ROAD**

City **KATONAH** State **NY** Zip Code **10536-2711**

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

Name of Employer **LA SORSA & BENEVENTANO** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7131

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS J. LAMOTTE

Mailing Address **374 BEDFORD CENTER ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1023**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7221

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **43 GLENWOOD LANE**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6974

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
HAL C. LAWRENCE

Mailing Address 2700 VIRGINIA AVENUE, N.W., #1505

City State Zip Code
WASHINGTON DC 20037-1909

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

Name of Employer Occupation
ACOG PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6909

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIM REDL LAWRENCE

Mailing Address 5 LANE GATE ROAD

City State Zip Code
WAPPINGERS FALLS NY 12590-1827

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

Name of Employer Occupation
HERB REDI PROPERTIES PROPERTY MANAGEMENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2012

Transaction ID : SA11.6688

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NADINE LEE

Mailing Address 20 BEDFORD ROAD

City State Zip Code
ARMONK NY 10504-1830

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

Name of Employer Occupation
PROSPER ADVISORS WEALTH MANAGEMENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7080

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. LESLIE C. LEHRMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 235 GARTH RD., APT. E2A		Transaction ID : SA11.6918
City SCARSDALE	State NY Zip Code 10583-3911	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. LESLIE C. LEHRMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 235 GARTH RD., APT. E2A		Transaction ID : SA11.6919
City SCARSDALE	State NY Zip Code 10583-3911	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. LAWRENCE LENZNER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address 4-74 48TH AVENUE		Transaction ID : SA11.7029
City LONG ISLAND CITY	State NY Zip Code 11109-5600	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00	
Name of Employer PATTERSON BELKNAP WEBB & TYLER	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
FRANCISCO LEON

Mailing Address **3225 AVIATION AVENUE**

City **CORAL GABLES** State **FL** Zip Code **33133-4741**

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

Name of Employer **FEMWELL** Occupation **COO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11.5931

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **7260 CHATTAHOOCHEE BLUFF DRIVE**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

Transaction ID : SA11.6497

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **7260 CHATTAHOOCHEE BLUFF DRIVE**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : SA11.6867

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JOE LEPORE		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2012	
Mailing Address 11 MARIE COURT		Transaction ID : SA11.6625	
City POUGHKEEPSIE	State NY	Zip Code 12601-5657	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00	
Name of Employer LCS FACILILTY GROUP INC.	Occupation OWNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 340.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) B. JOE LEPORE		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2012	
Mailing Address 11 MARIE COURT		Transaction ID : SA11.6747	
City POUGHKEEPSIE	State NY	Zip Code 12601-5657	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer LCS FACILILTY GROUP INC.	Occupation OWNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 340.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. CECILY A. LESKO		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012	
Mailing Address 1005 CLIFTON AVE.		Transaction ID : SA11.7089	
City CLIFTON	State NJ	Zip Code 07013-3520	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NORTH JERSEY EYE ASSOCIATES	Occupation PHYSICIAN		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
		CONTRIBUTION	

SUBTOTAL of Receipts This Page (optional).....	840.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 78 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ADAM LEVY
 Mailing Address **70 INDIAN WELLS ROAD**
 City **BREWSTER** State **NY** Zip Code **10509-5201**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **PUTNAM COUNTY** Occupation **ATTORNEY**
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **4500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 15 / 2012
Transaction ID : SA11.6444
 Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROSS S. LEVY
 Mailing Address **14 DEVOE ROAD**
 City **CHAPPAQUA** State **NY** Zip Code **10514-3603**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MOUNT KISCO MEDICAL GROUP** Occupation **PHYSICIAN**
 Receipt For: 2012
 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 / 2012
Transaction ID : SA11.6894
 Amount of Each Receipt this Period
2000.00
 CONTRIBUTION
 SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
JANET S. LEVY
 Mailing Address **14 DEVOE ROAD**
 City **CHAPPAQUA** State **NY** Zip Code **10514-3603**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **N/A** Occupation **HOMEMAKER**
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **4300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2012
Transaction ID : SA11.7410
 Amount of Each Receipt this Period
1800.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED
 (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

4000.00

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

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

FOR LINE NUMBER: PAGE 79 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **14 DEVOE ROAD**

City **CHAPPAQUA** State **NY** Zip Code **10514-3603**

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

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

Receipt For: 2012
 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 / 2012

Transaction ID : SA11.6894B

Amount of Each Receipt this Period
-1800.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

B. Full Name (Last, First, Middle Initial)
WILLIAM V. LEWIT

Mailing Address **25 VALLEY ROAD**

City **SCARSDALE** State **NY** Zip Code **10583-1126**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6934

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHARI J. LICTRA

Mailing Address **23 GREENRIDGE AVE.**

City **CARDEN CITY** State **NY** Zip Code **11530-1013**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 13 / 2012

Transaction ID : SA11.6424

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JAIME B. LIFTON

Mailing Address P.O. BOX 198

City EAST SETAUKET State NY Zip Code 11733-0198

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

Name of Employer JP MORGAN Occupation BANKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : SA11.6864

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 2 SUMMIT COURT, #203

City FISHKILL State NY Zip Code 12524-4318

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

Name of Employer DAGAR GROUP Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6742

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID B. LIVSHIN

Mailing Address 2 SUMMIT COURT, #203

City FISHKILL State NY Zip Code 12524-4318

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

Name of Employer DAGAR GROUP Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6954

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2100.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) GEORGE A. LONG		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address 14 LOWER SHAD ROAD		Transaction ID : SA11.6978
City POUND RIDGE	State NY Zip Code 10576-2215	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	SEE REATTRIBUTION

Full Name (Last, First, Middle Initial) GEORGE A. LONG		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address 14 LOWER SHAD ROAD		Transaction ID : SA11.6978B
City POUND RIDGE	State NY Zip Code 10576-2215	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -500.00
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	[MEMO ITEM] REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial) MADLINE LONG		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address 14 LOWER SHAD ROAD		Transaction ID : SA11.7414
City POUND RIDGE	State NY Zip Code 10576-2215	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NONE	Occupation STUDENT	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	[MEMO ITEM] REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 82 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
WARREN J. LUCAS
 Mailing Address **P.O. BOX 263**
 City State Zip Code
NORTH SALEM NY 10560-0263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
TOWN OF NORTH SALEM SUPERVISOR
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 01 2012
Transaction ID : SA11.6563
 Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GARRY R. LYNCH
 Mailing Address **76 SARLES LANE**
 City State Zip Code
PLEASANTVILLE NY 10570-1920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
LYNSTAAR ENGINEERING ENGINEER
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 13 2012
Transaction ID : SA11.6418
 Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DIANE MACPHERSON MAJOR
 Mailing Address **2232 WESTWOOD PLACE**
 City State Zip Code
FALLS CHURCH VA 22043-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
VAN HEUVELEN STRATEGIES V.P.
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 16 2012
Transaction ID : SA11.6251
 Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
FRANCES M. MAINE

Mailing Address 142 SARLES ST.

City Bedford Corners State NY Zip Code 10549-4733

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11.6599

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BELLA M. MALITS

Mailing Address 10 CITY PLACE, #10E

City White Plains State NY Zip Code 10601-3340

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

Name of Employer Occupation
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2012

Transaction ID : SA11.6638

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

Mailing Address 10 CITY PLACE, #10E

City White Plains State NY Zip Code 10601-3340

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

Name of Employer Occupation
MOUNT KISCO MEDICAL GROUP PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11.7134

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MATTHEW MANNINI

Mailing Address **37 LONDONDERRY LANE**

City **SOMERS** State **NY** Zip Code **10589-2902**

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

Name of Employer **MT KISCO MEDICAKL GROUP** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11.6874

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAY MARUZZELLA

Mailing Address **18 HILDACAR LANE**

City **CARMEL** State **NY** Zip Code **10512-1644**

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

Name of Employer **HV CONCEPTS** Occupation **ENGINEER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 28 / 2012

Transaction ID : SA11.6343

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAY MARUZZELLA

Mailing Address **18 HILDACAR LANE**

City **CARMEL** State **NY** Zip Code **10512-1644**

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

Name of Employer **HV CONCEPTS** Occupation **ENGINEER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 03 / 2012

Transaction ID : SA11.6579

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 85 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JAY MARUZZELLA
 Mailing Address 18 HILDACAR LANE
 City State Zip Code
 CARMEL NY 10512-1644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HV CONCEPTS ENGINEER
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 21 2012
Transaction ID : SA11.6793
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM MASCETTA
 Mailing Address 455 MARLBOROUGH ROAD
 City State Zip Code
 YONKERS NY 10701-6709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TRANSIT CONSTRUCTION CORPORATION CHAIRMAN OF BOARD
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 29 2012
Transaction ID : SA11.7208
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GEORGE A. MATTSON
 Mailing Address 17 SPLIT TREE DRIVE
 City State Zip Code
 WAPPINGERS FALLS NY 12590-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 10 2012
Transaction ID : SA11.6653
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

350.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 2100 11TH ST., NW, #207

City WASHINGTON State DC Zip Code 20001-8027

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

Name of Employer APCO WORLDWIDE Occupation V.P.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : SA11.6253

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES P. MCCAULEY JR

Mailing Address 24 HIGHLAND AVE.

City CHAPPAQUA State NY Zip Code 10514-3413

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

Name of Employer SELF Occupation INVESTMENT ADVISOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7207

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 20 SOMERSET DR.

City SOMERS State NY Zip Code 10589-2913

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

Name of Employer MCDERMOTT & MCDERMOTT Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2012

Transaction ID : SA11.6483

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 12 VISTA LANE

City Patterson State NY Zip Code 12563-2674

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

Name of Employer GEICO Occupation INSURANCE INVESTIGATOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2012

Transaction ID : SA11.6643

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 887 ROUTE 82

City HOPEWELL JCT State NY Zip Code 12533-7355

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

Name of Employer MCHOUL FUNERAL HOME Occupation FUNERAL DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : SA11.6861

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 36 SCOFIELD ROAD

City POUND RIDGE State NY Zip Code 10576-1330

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

Name of Employer PMI MEDICAL MANAGEMENT, LLC Occupation HEALTHCARE EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2012

Transaction ID : SA11.6692

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JASON MCLANE

Mailing Address **3902 FLOYD STREET**

City **HOUSTON** State **TX** Zip Code **77007-5720**

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

Name of Employer **LIME ROCK MANAGEMENT LP** Occupation **INVESTMENT PROFESSIONAL**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6980

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RONALD MCPHEE

Mailing Address **795 HERITAGE HILLS, UNIT C**

City **SOMERS** State **NY** Zip Code **10589-4025**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1850.00**

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

Transaction ID : SA11.6542

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 657**

City **CROSS RIVER** State **NY** Zip Code **10518-0657**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 19 / 2012

Transaction ID : SA11.6490

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

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

3050.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) CHERYL MELNYK		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2012
Mailing Address 12 MOCKINGBIRD COURT		Transaction ID : SA11.6616
City HOPEWELL JUNCTION	State NY	
Zip Code 12533-5246		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2012 <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) LINDA MERRILL		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 03 / 2012
Mailing Address 399 LONG RIDGE ROAD		Transaction ID : SA11.5933
City BEDFORD	State NY	
Zip Code 10506-1817		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE AGENT	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) PETER T. MILANO		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 11 MIANUS BLUFF DRIVE		Transaction ID : SA11.6905
City BEDFORD	State NY	
Zip Code 10506-1541		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PETER T. MILANO

Mailing Address 11 MIANUS BLUFF DRIVE

City Bedford State NY Zip Code 10506-1541

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7008

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PHILIP J. MILAZZO

Mailing Address 22 REDWOOD DRIVE

City Somers State NY Zip Code 10589-1816

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6698

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

Mailing Address 11 HETTIEFRED RD

City Greenwich State CT Zip Code 06831-3258

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

Name of Employer MKMG Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11.7118

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
EILEEN M. MILLOY

Mailing Address 1641 3RD AVENUE, #4-J

City NEW YORK State NY Zip Code 10128-3698

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6928

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HARRY MOEHRING

Mailing Address 1225 ALBANY POST ROAD

City CROTON ON HUDSON State NY Zip Code 10520-1565

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

Name of Employer MORGAN STANLEY Occupation PROJECT MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : SA11.6857

Amount of Each Receipt this Period
 _____ 100.00

CONTRIBUTION

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

Mailing Address 179 CONTINENTAL ROAD

City TUXEDO PARK State NY Zip Code 10987-4042

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

Name of Employer MW LAW Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA11.7275

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

EARMARKED THROUGH FEDERAL OFFICE
 REPUBLICANS OF NEW YORK. CONDUIT RECEIVED
 8/7/12

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 92 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **420 EAST 72ND STREET**

City **NEW YORK** State **NY** Zip Code **10021-4650**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SA11.6683

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS MOORE

Mailing Address **1200 BAYHILL DRIVE**

City **SAN BRUNO** State **CA** Zip Code **94066-3058**

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

Name of Employer **CORD BLOOD REGISTRY** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.6285

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

REFUNDED \$2,500.00 ON 07/17/2012

C. Full Name (Last, First, Middle Initial)
MARTIN MORAN

Mailing Address **10 GREGORY LANE**

City **MILLWOOD** State **NY** Zip Code **10546-1037**

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

Name of Employer **MORAN CONSTRUCTION SERVICES** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6920

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **49 WILLETS WAY**

City **NEWBURGH** State **NY** Zip Code **12550-8781**

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

Name of Employer **BASF** Occupation **SITE DIRECTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11.6879

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHARON R. MORRIS-PATRICE

Mailing Address **245 OSPREY PT. DR.**

City **OSPREY** State **FL** Zip Code **34229-9234**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.7005

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AVERELL H. MORTIMER

Mailing Address **375 PARK AVE., 32ND FLOOR**

City **NEW YORK** State **NY** Zip Code **10152-3200**

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

Name of Employer **ARDEN ASSET MANAGEMENT** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : SA11.6297

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 44 REDWOOD DRIVE

City State Zip Code
HIGHLAND MILLS NY 10930-2813

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

Name of Employer Occupation
AT&T NETWORK MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : SA11.6779

Amount of Each Receipt this Period
50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GERALD NAPPI

Mailing Address 17 ROBIN HILL DRIVE

City State Zip Code
POUGHKEEPSIE NY 12603-4305

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

Name of Employer Occupation
ENTERGY NUCLEAR OPERATIONS COMMUNICATIONS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : SA11.6555

Amount of Each Receipt this Period
50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BERNADETTE NEVOLA

Mailing Address 10 PALMER LANE

City State Zip Code
THORNWOOD NY 10594-2209

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7232

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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: PAGE 95 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ROBERT H. NIEHAUS

Mailing Address **770 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10021-4153**

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

Name of Employer **GREENHILL CAPITAL PARTNERS** Occupation **INVESTMENT MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

Transaction ID : SA11.6500

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANTOINETTE NIGRO

Mailing Address **1581 OVERHILL STREET**

City **YORKTOWN HEIGHTS** State **NY** Zip Code **10598-5409**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11.6886

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM B. NOLAN

Mailing Address **399 LONG RIDGE ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1817**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11.5932

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **27 WOODFIELD ROAD**

City **POMONA** State **NY** Zip Code **10970-2203**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7100

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WAYNE NUSSBICKEL

Mailing Address **3596 ROUTE 82**

City **MILLBROOK** State **NY** Zip Code **12545-6033**

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

Name of Employer **N&S SUPPLY** Occupation **PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11.6743

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM O' BRIEN

Mailing Address **27 EAST RIDGE ROAD**

City **WACCABUC** State **NY** Zip Code **10597-1200**

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

Name of Employer **DIRECT EDGE HOLDINGS LLC** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11.6543

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DANIEL J. O'KANE

Mailing Address 15 SOLURI LANE

City State Zip Code
TOMKINS COVE NY 10986-1309

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

Name of Employer Occupation
O'KANE CONSTRUCTION OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3751.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7218

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KENNETH OFFIT

Mailing Address 125 EAST 74 STREET

City State Zip Code
NEW YORK NY 10021-3583

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

Name of Employer Occupation
MEMORIAL SLOAN-KETTERING CANCER CE PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7143

Amount of Each Receipt this Period
300.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMY OLSON

Mailing Address 20 FIREHOUSE LANE

City State Zip Code
RED HOOK NY 12571-1756

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

Name of Employer Occupation
SELF-EMPLOYED ACTRESS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7060

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

650.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PETER ORTHWEIN

Mailing Address 154 GUARDS ROAD

City GREENWICH State CT Zip Code 06831-2737

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

Name of Employer THOR INDUSTRIES, INC. Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012

Transaction ID : SA11.6883

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PALMER PAGE

Mailing Address 31 MAJOR TALMADGE LANE

City POUND RIDGE State NY Zip Code 10576-1514

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

Name of Employer STERLING NATIONAL BANK Occupation SENIOR LOAN OFFICER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012

Transaction ID : SA11.6892

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PALMER PAGE

Mailing Address 31 MAJOR TALMADGE LANE

City POUND RIDGE State NY Zip Code 10576-1514

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

Name of Employer STERLING NATIONAL BANK Occupation SENIOR LOAN OFFICER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11.7123

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) PAULA PAGE		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2012
Mailing Address 232 GLANDON DRIVE		Transaction ID : SA11.6893
City CHAPEL HILL	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2012 <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) EDITH P. PALMER		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2012
Mailing Address 282 LAROE ROAD		Transaction ID : SA11.6509
City CHESTER	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2012 <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) MR. EMIL PANICHI		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2012
Mailing Address ROUTE 82		Transaction ID : SA11.6607
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 PANICHI HOLDING CORPORATION	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2575.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) MR. EMIL PANICHI		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address ROUTE 82		Transaction ID : SA11.7219
City HOPEWELL JUNCTION	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer PANICHI HOLDING CORPORATION	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2575.00	SEE REATTRIBUTION

Full Name (Last, First, Middle Initial) MR. EMIL PANICHI		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address ROUTE 82		Transaction ID : SA11.7219B
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 PANICHI HOLDING CORPORATION	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2575.00	[MEMO ITEM] REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial) EMILY PANICHI		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address ROUTH 82		Transaction ID : SA11.7230
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 N/A	Occupation HOUSEWIFE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	[MEMO ITEM] REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CHARLES PARKHURST

Mailing Address **93 OLD CHURCH ROAD**

City **GREENWICH** State **CT** Zip Code **06830-4817**

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

Name of Employer **BARCLAYS CAPITAL** Occupation **TRADER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 15 / 2012

Transaction ID : SA11.6689

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHARLES PARKHURST

Mailing Address **93 OLD CHURCH ROAD**

City **GREENWICH** State **CT** Zip Code **06830-4817**

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

Name of Employer **BARCLAYS CAPITAL** Occupation **TRADER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11.6689B

Amount of Each Receipt this Period
-250.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

C. Full Name (Last, First, Middle Initial)
HILARY PARKHURST

Mailing Address **93 OLD CHURCH ROAD**

City **GREENWICH** State **CT** Zip Code **06830-4817**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11.6838

Amount of Each Receipt this Period
250.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

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 102 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) HILARY PARKHURST		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2012
Mailing Address 93 OLD CHURCH ROAD		Transaction ID : SA11.6767
City GREENWICH	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2012 <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) SAM PATTON		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2012
Mailing Address 20 WOODCREST DRIVE		Transaction ID : SA11.6731
City HOPEWELL JUNCTION	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <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) MR. SCOTT M. PAWENSKI		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2012
Mailing Address 9 FAIR OAKS DRIVE		Transaction ID : SA11.6306
City POUGHKEEPSIE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer EMBROIDME OF POUGHKEEPSIE	Occupation OWNER	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1275.00	

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **9 FAIR OAKS DRIVE**

City **POUGHKEEPSIE** State **NY** Zip Code **12603-5442**

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

Name of Employer **EMBROIDME OF POUGHKEEPSIE** Occupation **OWNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : SA11.6615

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
L. WILLIAM PAXON

Mailing Address **4004 SHARP PLACE**

City **ALEXANDRIA** State **VA** Zip Code **22304-1736**

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

Name of Employer **AKIN GUMP STRAUS HAUER & FELD LLP** Occupation **SENIOR ADVISOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11.6702

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAHLIA PENACHIO

Mailing Address **6849 GRENADIER BLVD., #1205**

City **NAPLES** State **FL** Zip Code **34108-7237**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : SA11.6287

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1700.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JERRY PENSO

Mailing Address 522 QUEEN ST

City ALEXANDRIA State VA Zip Code 22314-2513

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

Name of Employer AMGA Occupation CHIEF MEDICAL OFFICER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2012

Transaction ID : SA11.6320

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JERRY PENSO

Mailing Address 522 QUEEN ST

City ALEXANDRIA State VA Zip Code 22314-2513

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

Name of Employer AMGA Occupation CHIEF MEDICAL OFFICER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11.6771

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARSHAL PERIS

Mailing Address 45 ROCK SHELTER ROAD

City WACCABUC State NY Zip Code 10597-1035

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 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 / 2012

Transaction ID : SA11.7101

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CHARLES J. PERSICO

Mailing Address 112 MASON STREET

City GREENWICH State CT Zip Code 06830-6629

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

Name of Employer PERBAR SALES CORPORATION Occupation REAL ESTATE DEVELOPER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6929

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TED PETRILLO

Mailing Address 200 WESTAGE BUSINESS CENTER, SUITE

City FISHKILL State NY Zip Code 12524-2286

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

Name of Employer WESTAGE COMPANIES Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6938

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

Mailing Address 120 HUDSON POINTE DRIVE

City POUGHKEEPSIE State NY Zip Code 12601-3938

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

Name of Employer RANDART REALTY Occupation REAL ESTATE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1075.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6727

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

3600.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 106 OF 304

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MARTIN B. PHILLIPS
 Mailing Address 62 WALLING ROAD
 City State Zip Code
 WARWICK NY 10990-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF REAL ESTATE MANAGER
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012
Transaction ID : SA11.7209
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM PITTS
 Mailing Address 1 GRANT DRIVE
 City State Zip Code
 CHAPPAQUA NY 10514-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JPMORGAN BANKER
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012
Transaction ID : SA11.6769
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRANK PLIMPTON
 Mailing Address 450 LAKE AVENUE
 City State Zip Code
 GREENWICH CT 06830-3851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF INVESTOR
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11.6900
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

2000.00

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 67 RANDOM FARMS DR

City CHAPPAQUA State NY Zip Code 10514-1017

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

Name of Employer UNITEX Occupation VP SALES & MARKETING

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.6988

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

Mailing Address 28 REICHERT CIRCLE

City WESTPORT State CT Zip Code 06880-2643

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

Name of Employer UNITEX TEXTILE RENTAL SERVICES Occupation VP OPERATIONS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.6989

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 706 E. BENT BRANCH PLACE

City GREEN VALLEY State AZ Zip Code 85614-5171

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7063

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JOHN W. RABE

Mailing Address **210 E 47TH ST., APT 9C**

City **NEW YORK** State **NY** Zip Code **10017-2106**

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

Name of Employer **PGM, INC** Occupation **SALES**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : SA11.6634

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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 **10017-2106**

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

Name of Employer **PGM, INC** Occupation **SALES**

Receipt For: 2012
 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 / 2012

Transaction ID : SA11.7091

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CATHLEEN RAFFAELI

Mailing Address **5 MILLER ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2205**

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

Name of Employer **HAMILTON WHITE GROUP** Occupation **CHIEF EXECUTIVE OFFICER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11.6664

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JOHN RAFFAELI

Mailing Address **5 MILLER ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2205**

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

Name of Employer **SPORTS REWARDS PARK** Occupation **CHIEF OF HUMAN CAPITAL**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11.6663

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **300 BROAD STREET**

City **STAMFORD** State **CT** Zip Code **06901-2102**

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

Name of Employer **FRACTAL ADVISORS** Occupation **CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.7031

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JACK M. RAPPORT

Mailing Address **17 DEEPWOOD DRIVE**

City **CHAPPAQUA** State **NY** Zip Code **10514-2413**

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

Name of Employer **THE BIRKHILL GROUP, LLC** Occupation **CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : SA11.6552

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 110 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JEFFREY J. REDFIELD

Mailing Address 180 DEAN ROAD

City State Zip Code
STORMVILLE NY 12582-5803

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

Name of Employer Occupation
IBM CONSULTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 18 2012

Transaction ID : SA11.6765

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HERBERT H. REDL

Mailing Address 80 WASHINGTON STREET, #100

City State Zip Code
POUGHKEEPSIE NY 12601-2316

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

Name of Employer Occupation
HERB REDL PROPERTIES OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 10 2012

Transaction ID : SA11.6644

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 45 SPEAR ROAD

City State Zip Code
RAMSEY NJ 07446-1221

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

Name of Employer Occupation
AERO TEC LABORATORIES ENGINEER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 29 2012

Transaction ID : SA11.7201

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 304
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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
JONATHAN R. REYNOLDS

Mailing Address 481 OLD ALBANY POST ROAD

City State Zip Code
GARRISON NY 10524-3721

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

Name of Employer Occupation
SELF WRITER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4050.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 31 2012

Transaction ID : SA11.6548

Amount of Each Receipt this Period
50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JONATHAN R. REYNOLDS

Mailing Address 481 OLD ALBANY POST ROAD

City State Zip Code
GARRISON NY 10524-3721

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

Name of Employer Occupation
SELF WRITER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4050.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 29 2012

Transaction ID : SA11.7058

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRANK RICHARDSON

Mailing Address 245 PARK AVE. 41ST FLOOR

City State Zip Code
NEW YORK NY 10167-0002

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

Name of Employer Occupation
F.E. RICHARDSON & CO. INVESTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11.6368

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

3550.00

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

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

FOR LINE NUMBER: PAGE 112 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
STUART RICKETT

Mailing Address **5 WARREN ROAD**

City State Zip Code
CROTON ON HUDSON NY 10520-1511

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

Name of Employer Occupation
SELF EMPLOYED DENTIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 17 2012

Transaction ID : SA11.6694

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STANLEY H. RIVELES

Mailing Address **29 INNSBRUCK BLVD.**

City State Zip Code
HOPEWELL JUNCTION NY 12533-8315

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

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 06 2012

Transaction ID : SA11.6619

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GEORGE E. ROACH

Mailing Address **P.O. BOX 228**

City State Zip Code
POUND RIDGE NY 10576-0228

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

Name of Employer Occupation
GER INDUSTRIES, INC. PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 13 2012

Transaction ID : SA11.6420

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1700.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
RAND RAND RODGERS

Mailing Address **91 WEAVER STREET**

City **GREENWICH** State **CT** Zip Code **06831-4300**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7106

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY A. ROSEN

Mailing Address **1723 FOREST LANE**

City **MCLEAN** State **VA** Zip Code **22101-3323**

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

Name of Employer **KIRKLAND & ELLIS** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.6249

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **7 BERRY BROOK CIRCLE**

City **CHAPPAQUA** State **NY** Zip Code **10514-1624**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7120

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **20 MANOR DRIVE**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4300.00**

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

Transaction ID : SA11.6538

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **20 MANOR DRIVE**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : SA11.6776

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHANNON M. RUSSELL

Mailing Address **4277 35TH ST. S, APT. B-1**

City **ARLINGTON** State **VA** Zip Code **22206-1833**

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

Name of Employer **AARP** Occupation **FED. STRATEGY ADVISOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.6248

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 115 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PATRICIA A. RYAN

Mailing Address **46 HARDCRABBLE ROAD**

City **PORT JERVIS** State **NY** Zip Code **12771-3220**

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

Name of Employer **FIDELITY INVESTMENT** Occupation **EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11.6317

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JUSTIN SANDLER

Mailing Address **26 RAQUET ROAD**

City **NEWBURGH** State **NY** Zip Code **12550-5715**

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

Name of Employer **SELF** Occupation **CONTRACTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11.5995

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FLORENCE C. SANTINI

Mailing Address **30 FOREST DRIVE**

City **PORT JERVIS** State **NY** Zip Code **12771-5223**

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

Name of Employer **TOWN OF DEERPARK** Occupation **TOWN CLERK**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11.5979

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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 116 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) FLORENCE C. SANTINI		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2012	
Mailing Address 30 FOREST DRIVE		Transaction ID : SA11.6539	
City PORT JERVIS	State NY	Zip Code 12771-5223	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
Name of Employer TOWN OF DEERPARK	Occupation TOWN CLERK		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 235.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) ROBERT L. SAVAGE		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2012	
Mailing Address 105 BALSAM SQ.		Transaction ID : SA11.6732	
City POUGHKEEPSIE	State NY	Zip Code 12601-4848	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer ST. FRANCIS	Occupation HOSPITAL EXECUTIVE		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) ROBERT L. SAVAGE		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012	
Mailing Address 105 BALSAM SQ.		Transaction ID : SA11.6948	
City POUGHKEEPSIE	State NY	Zip Code 12601-4848	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ST. FRANCIS	Occupation HOSPITAL EXECUTIVE		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		
		CONTRIBUTION	

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. SUSAN SCHACHNE		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 17 MOHAWK TRAIL		Transaction ID : SA11.6982
City KATONAH	State NY	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
Name of Employer SELF	Occupation ATTORNEY	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION
Receipt For: 2012 <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. DAMIAN SCHAIBLE		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2012
Mailing Address 51 W. 126TH STREET, #1		Transaction ID : SA11.7142
City NEW YORK	State NY	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 150.00 CONTRIBUTION
Name of Employer DAVIS POLK	Occupation ATTORNEY	Amount of Each Receipt this Period _____ 900.00 CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 900.00	

Full Name (Last, First, Middle Initial) C. ALEX SCHUETTENBERG		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 2544 SE VICKSBURG ST		Transaction ID : SA11.6527
City BARTLESVILLE	State OK	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 2500.00 CONTRIBUTION
Name of Employer N/A	Occupation RETIRED	Amount of Each Receipt this Period _____ 2500.00 CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 3150.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) ROBERT SCHULTZ		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2012
Mailing Address P.O. BOX 1106		Transaction ID : SA11.6587
City PORT JERVIS	State NY	Zip Code 12771-0151
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SELD-EMPLOYED	Occupation ACCOUNTANT	
Receipt For: 2012 <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) CHERYL M. SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 23 / 2012
Mailing Address P.O. BOX 431		Transaction ID : SA11.6514
City SOUTH SALEM	State NY	Zip Code 10590-0431
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00 CONTRIBUTION	
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2012 <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) MICHAEL SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012
Mailing Address 24 UPLAND DRIVE		Transaction ID : SA11.6676
City CHAPPAQUA	State NY	Zip Code 10514-2804
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00 CONTRIBUTION	
Name of Employer TACONIC CAPITAL ADVISORS, LP	Occupation PORTFOLIO MANAGER	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	4750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **36 GELLATLY DRIVE**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-6478**

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

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

Receipt For: 2012
 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 / 2012

Transaction ID : SA11.7096

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JOHN C. SCOTT

Mailing Address **9 DEER CREEK LANE**

City **MOUNT KISCO** State **NY** Zip Code **10549-3707**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SA11.6471

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DANIEL SHAPIRO

Mailing Address **9 DICKSON LANE**

City **MOUNT KISCO** State **NY** Zip Code **10549-1124**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11.6319

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
F MICHAEL SHAW

Mailing Address **2 CHERRY HILL COURT**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510-1245**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.6606

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRENDA B. SHERIDAN

Mailing Address **842 CAL COVE DRIVE**

City **FORT MYERS** State **FL** Zip Code **33919-6003**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6994

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOWARD M. SHERIDAN

Mailing Address **842 CAL COVE DRIVE**

City **FORT MYERS** State **FL** Zip Code **33919-6003**

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

Name of Employer **21ST CENTURY ONCOLOGY** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6993

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LLOYD J. SHULMAN

Mailing Address **ROCKRIDGE FARM 961, ROUTE 52**

City **CARMEL** State **NY** Zip Code **10512-4733**

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

Name of Employer **WEISTEIN ENTERPRISES, INC.** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.6999

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRANK V. SICA

Mailing Address **3 WESTWAY**

City **BRONXVILLE** State **NY** Zip Code **10708-4310**

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

Name of Employer **SOROS FUND MANAGEMENT** Occupation **FINANCE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.7010

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREGORY SLAMOWITZ

Mailing Address **137 RIVERSIDE DRIVE, #6D**

City **NEW YORK** State **NY** Zip Code **10024-3721**

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

Name of Employer **AMBROSE EMPLOYER GROUP, LLC** Occupation **C.E.O.**

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.6345

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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 122 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LEONARD I. SLOVIN

Mailing Address **3522 FREDERICK STREET**

City **OCEANSIDE** State **NY** Zip Code **11572-4714**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

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

Transaction ID : SA11.6586

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES P. SMITH JR.

Mailing Address **12 EAGLES WAY**

City **MIDDLETOWN** State **NY** Zip Code **10940-2674**

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

Name of Employer **ADVANCE TESTING COMPANY, INC.** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : SA11.6443

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **44 DRAKE RD.**

City **SCARSDALE** State **NY** Zip Code **10583-6465**

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

Name of Employer **LSTA** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.6255

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 304
	<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 B. SMITH

Mailing Address 44 DRAKE RD.

City State Zip Code
SCARSDALE NY 10583-6465

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LSTA EXECUTIVE DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7001

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD B. SMITH

Mailing Address 44 DRAKE RD.

City State Zip Code
SCARSDALE NY 10583-6465

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LSTA EXECUTIVE DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.7012

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVEN M. M. SOLD

Mailing Address 2 HIXSON ROAD

City State Zip Code
CROTON ON HUDSON NY 10520-2140

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PILKINGTON & LEGGETT P.C. ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.6984

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address 30 GRIFFEN AVE.

City State Zip Code
SCARSDALE NY 10583-7661

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.6532

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM D. SPAIN

Mailing Address 191 EAST LAKE BLVD.

City State Zip Code
MAHOPAC NY 10541-1701

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SPAIN & SPAIN, PC ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.6502

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY SPENCER, MD

Mailing Address 5 CARYL LANE

City State Zip Code
HARRISON NY 10528-1901

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NORTHERN WESTCHESTER ANESTHESIA S PHYSICIAN - ANESTHESIOLOGIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.6786

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) ROBERT A. SPOLZINO		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2012
Mailing Address 88 GRANDVIEW DRIVE		Transaction ID : SA11.6472
City MOUNT KISCO	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WILSON ELSER MOSKOWITZ ET AL	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2012 <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) JONATHAN L. STANLEY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2012
Mailing Address 357 SARLES STREET		Transaction ID : SA11.7227
City MT. KISCO	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GLENMEDE	Occupation MANAGING DIRECTOR PORTFOLIO MANAG	CONTRIBUTION
Receipt For: 2012 <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) PETER D. STANO		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012
Mailing Address 52 PLEASANT DRIVE		Transaction ID : SA11.6844
City BREWSTER	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation ACCOUNTANT	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 126 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CAROL STEINER

Mailing Address **24 OLD WAGON ROAD**

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

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

Name of Employer **SELF EMPLOYED** Occupation **FUND RAISER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **560.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11.5996

Amount of Each Receipt this Period
560.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
JOSHUA STEIN

Mailing Address **59 EAST 54TH STREET, SUITE 22**

City **NEW YORK** State **NY** Zip Code **10022-9222**

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

Name of Employer **JOSHUA STEIN PLLC** Occupation **REAL ESTATE ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6904

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSHUA STEIN

Mailing Address **59 EAST 54TH STREET, SUITE 22**

City **NEW YORK** State **NY** Zip Code **10022-9222**

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

Name of Employer **JOSHUA STEIN PLLC** Occupation **REAL ESTATE ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7190

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 304
	<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) A. MICHAEL H. STEINHARDT		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2012
Mailing Address 650 MADISON AVENUE, 17TH FLOOR		Transaction ID : SA11.6437
City NEW YORK	State NY	Zip Code 10022-1029
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer STEINHARDT MANAGEMENT CO., LLC	Occupation PRIVATE MONEY MANAGER	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4300.00	SEE REATTRIBUTION

Full Name (Last, First, Middle Initial) B. JUDY STEINHARDT		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2012
Mailing Address 650 MADISON AVENUE, 17TH FLOOR		Transaction ID : SA11.6438
City NEW YORK	State NY	Zip Code 10022-1029
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer N/A	Occupation UNEMPLOYED	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	[MEMO ITEM] REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial) C. MICHAEL H. STEINHARDT		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2012
Mailing Address 650 MADISON AVENUE, 17TH FLOOR		Transaction ID : SA11.6437B
City NEW YORK	State NY	Zip Code 10022-1029
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -2500.00	
Name of Employer STEINHARDT MANAGEMENT CO., LLC	Occupation PRIVATE MONEY MANAGER	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4300.00	[MEMO ITEM] REATTRIBUTION TO SPOUSE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

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

Mailing Address **24 OLD WAGON ROAD**

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

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11.5997

Amount of Each Receipt this Period
-560.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. KENNETH M. STENGER

Mailing Address **1136 ROUTE 9**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-4905**

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

Name of Employer **VERGILIS, STENGER, ROBERTS, LLC** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11.6726

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SARAH M. STERN

Mailing Address **108 ARDSLEY ROAD**

City **SCARSDALE** State **NY** Zip Code **10583-3629**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.6589

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
WALTER P. STERN

Mailing Address **630 FIFTH AVE., 36TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10111-3600**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HUDSON INSTITUTE** Occupation **CHAIRMAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7212

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROY A. STILLMAN

Mailing Address **72 GIRDLE RIDGE DRIVE**

City **KATONAH** State **NY** Zip Code **10536-3813**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STILLMAN MANAGEMENT** Occupation **REALTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : SA11.6585

Amount of Each Receipt this Period
750.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DANIEL STRICKBERGER

Mailing Address **30 PETERSVILLE ROAD**

City **MOUNT KISCO** State **NY** Zip Code **10549-4514**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DSM CAPITAL PARTNERS** Occupation **OWNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 03 / 2012

Transaction ID : SA11.6577

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LAURA J. STURZ

Mailing Address **6 AUTUMN RIDGE ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-1400**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LINDA'S COOKIES** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6922

Amount of Each Receipt this Period
350.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAUL STURZ

Mailing Address **6 AUTUMN RIDGE ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-1400**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LINDEN'S** Occupation **EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : SA11.6856

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SCOTT STYLES

Mailing Address **3609 N. ROCKINGHAM ST.**

City **ARLINGTON** State **VA** Zip Code **22213-1429**

FEC ID number of contributing federal political committee. **C**

Name of Employer **C2 GROUP** Occupation **CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 13 / 2012

Transaction ID : SA11.6675

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2012

Transaction ID : SA11.6269

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2012

Transaction ID : SA11.6270

Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2012

Transaction ID : SA11.6271

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

110.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : SA11.7292

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : SA11.7293

Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : SA11.7294

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

110.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012

Transaction ID : SA11.7306

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012

Transaction ID : SA11.7307

Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL J. SUDLIK

Mailing Address 15 JEAN WAY

City SOMERS State NY Zip Code 10589-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012

Transaction ID : SA11.7308

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

110.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
WILLIAM SULLIVAN

Mailing Address 135 FIVE MILE RIVER RD

City DARIEN State CT Zip Code 06820-6235

FEC ID number of contributing federal political committee. **C**

Name of Employer BRIGHTON HEALTH PARTNERS Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : SA11.7114

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL P. SWEETON

Mailing Address 173 SANFORDVILLE ROAD

City WARWICK State NY Zip Code 10990-2849

FEC ID number of contributing federal political committee. **C**

Name of Employer TECHNI-GROWERS GREENHOUSES, INC. Occupation FARMER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : SA11.6415

Amount of Each Receipt this Period
 180.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWARD T. THOMPSON

Mailing Address 11 COTSWOLD DRIVE

City NORTH SALEM State NY Zip Code 10560-2708

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012

Transaction ID : SA11.6493

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2930.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MR. PETER TOMASIC

Mailing Address 206 OLD HOPEWELL ROAD

City State Zip Code
WAPPINGERS FALLS NY 12590-4455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TIRE KING OF WAPPINGERS FALLS PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6937

Amount of Each Receipt this Period
125.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KATHLEEN TRAMONTOZZI

Mailing Address 326 MCLAIN STREET

City State Zip Code
BEDFORD HILLS NY 10507-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JP MORGAN INVESTMENT BANKING

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11.6884

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD TRENT

Mailing Address 4 TIMBERLINE DRIVE

City State Zip Code
POUGHKEEPSIE NY 12603-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IBM FINANCIAL ANALYST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : SA11.6622

Amount of Each Receipt this Period
250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

875.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
RYAN TRIPLETTE

Mailing Address 1512 KINGMAN PLACE, NW

City WASHINGTON State DC Zip Code 20005-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer FRANKLIN SQUARE GROUP Occupation LOBBYIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2012

Transaction ID : SA11.6671

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HEATHER TRIVEDI

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7033

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HEATHER TRIVEDI

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7033B

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO PRIMARY

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 137 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
HEATHER TRIVEDI

Mailing Address 19 CHURCH TAVERN RD

City SOUTH SALEM State NY Zip Code 10590-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer MONTEFIORE MEDICAL CENTER Occupation PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7272

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM GENERAL

B. Full Name (Last, First, Middle Initial)
ARTHUR T. TROVEI

Mailing Address 21 RTE. 6

City PORT JERVIS State NY Zip Code 12771-2330

FEC ID number of contributing federal political committee. **C**

Name of Employer ARTHUR TROVEI & SONS INC. Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : SA11.6411

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEVEN TURK

Mailing Address 600 RT. 44, 55 ROCKING HORSE RANCH

City HIGHLAND State NY Zip Code 12528

FEC ID number of contributing federal political committee. **C**

Name of Employer ROCKING HORSE RANCH Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2012

Transaction ID : SA11.6650

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. MR. SCOTT VALLAR		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2012	
Mailing Address 21 BISBEE LANE		Transaction ID : SA11.6880	
City BEDFORD HILLS	State NY	Zip Code 10507-2205	Amount of Each Receipt this Period _____ 2500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer GUARD HILL ADVISORS	Occupation INVESTMENT ADVISOR		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3800.00		

Full Name (Last, First, Middle Initial) B. SALLY A. VASTOLA		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2012	
Mailing Address 154 PARK LEDGE DRIVE		Transaction ID : SA11.6245	
City AMHERST	State NY	Zip Code 14226-3925	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer NIXON & PEABODY, LLP	Occupation ATTORNEY		
Receipt For: 2012 <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) C. LUCY WALETZKY		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2012	
Mailing Address 1301 BEDFORD ROAD		Transaction ID : SA11.6878	
City PLEASANTVILLE	State NY	Zip Code 10570-3914	Amount of Each Receipt this Period _____ 2000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation PSYCHIATRIST		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 5500.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) THOMAS D. WEDDELL		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2012
Mailing Address 12 HERITAGE LANE		Transaction ID : SA11.6342
City ROCK TAVERN	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer VANACORE DEBENEDICTUS DIGOVANNI & V	Occupation CPA	CONTRIBUTION
Receipt For: 2012 <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) CARL D. WEINBERG		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 52 WEST LANE		Transaction ID : SA11.7113
City POUND RIDGE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SCHIARETTI, CORGAN ET AL	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1860.00	

Full Name (Last, First, Middle Initial) DANIEL WEINER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2012
Mailing Address 45 BREVOORT ROAD		Transaction ID : SA11.6772
City CHAPPAQUA	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer HUSHES HUBBARD	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
SHARON L. WEINER

Mailing Address 131 S. BEDFORD ROAD

City State Zip Code
POUND RIDGE NY 10576-2017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11.6766

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALFONSO WEINLEIN

Mailing Address 39 ROUND HILL ROAD

City State Zip Code
POUGHKEEPSIE NY 12603-5133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PRODUCER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11.6750

Amount of Each Receipt this Period
400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GEORGE WELLWOOD

Mailing Address 8 SETTLERS COURT

City State Zip Code
POUGHKEEPSIE NY 12603-6229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IBM CORP DESIGN ENGINEER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11.6891

Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

**SCHEDULE A (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 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
GARY B. WENICK

Mailing Address P.O. BOX 314

City KATONAH State NY Zip Code 10536-0314

FEC ID number of contributing federal political committee. **C**

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : SA11.6347

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANNMARIE WESTERMANN

Mailing Address 7 MEGHAN CT

City HOPEWELL JUNCTION State NY Zip Code 12533-6950

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
345.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2012

Transaction ID : SA11.6536

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENE WEXLER

Mailing Address 4 HERKIMER ROAD

City SCARSDALE State NY Zip Code 10583-7615

FEC ID number of contributing federal political committee. **C**

Name of Employer ASCENA RETAIL GROUP, INC. Occupation LAWYER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.6986

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
STEPHEN T. WHELAN

Mailing Address 165 WEST END AVENUE, #20D

City NEW YORK State NY Zip Code 10023-5512

FEC ID number of contributing federal political committee. **C**

Name of Employer SNR DENTON US, LLP Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11.6811

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KENNETH WILLIG

Mailing Address 124 LANE GATE ROAD

City COLD SPRING State NY Zip Code 10516-3530

FEC ID number of contributing federal political committee. **C**

Name of Employer SUTHERLAND ASBILL & BRENNAN LLP Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : SA11.6842

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH M. WILSON

Mailing Address 54 BELDEN RD.

City CARMEL State NY Zip Code 10512-1017

FEC ID number of contributing federal political committee. **C**

Name of Employer SAFE FLIGHT Occupation MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11.6818

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DOREEN WRAY ROTH

Mailing Address **84 DANN FARM ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 20 / 2012

Transaction ID : SA11.6781

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOREEN WRAY ROTH

Mailing Address **84 DANN FARM ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-2110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6899

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. STUART E. WUNSH

Mailing Address **6 NUTTING PL**

City **WEST CALDWELL** State **NJ** Zip Code **07006-7002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NORTH JERSEY EYE** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11.6665

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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: PAGE 144 OF 304
(check only one)
 11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MITCHELL A YELEN

Mailing Address **8925 SW 102 TERRACE**

City **MIAMI** State **FL** Zip Code **33176-3013**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **TAX ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11.6494

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN ZACHARIA

Mailing Address **5023 RT. 9W**

City **NEWBURGH** State **NY** Zip Code **12550-1946**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALEXIS DINER** Occupation **OWNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : SA11.6393

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOE ZAINO

Mailing Address **45 INDIAN HILL ROAD**

City **POUND RIDGE** State **NY** Zip Code **10576-1730**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **CPA**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11.7112

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 304
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DEAN ZARRAS

Mailing Address **12 OLD LOGGING ROAD**

City **BEDFORD** State **NY** Zip Code **10506-1625**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SESCO ENTERPRISES, LLC** Occupation **C.T.O.**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
09 / 14 / 2012

Transaction ID : SA11.6677

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

286115.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AUSTIN SCOTT FOR CONGRESS

Mailing Address P.O. BOX 2530

City TIFTON State GA Zip Code 31793-2530

FEC ID number of contributing federal political committee. **C C00482737**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA11.6389

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AUSTIN SCOTT FOR CONGRESS

Mailing Address P.O. BOX 2530

City TIFTON State GA Zip Code 31793-2530

FEC ID number of contributing federal political committee. **C C00482737**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012

Transaction ID : SA11.6604

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF RICH NUGENT

Mailing Address P.O. BOX 15668

City BROOKSVILLE State FL Zip Code 34604-0122

FEC ID number of contributing federal political committee. **C C00482281**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012

Transaction ID : SA11.6605

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
HOOSIERS FOR ROKITA

Mailing Address 7643 E. U.S. 36

City AVON State IN Zip Code 46123

FEC ID number of contributing federal political committee. **C** C00476192

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA11.6465

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN CARTER FOR CONGRESS

Mailing Address P.O. BOX 6930

City ROUND ROCK State TX Zip Code 78683-6930

FEC ID number of contributing federal political committee. **C** C00371203

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : SA11.6433

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROONEY FOR CONGRESS

Mailing Address 2336 SE OCEAN BLVD., #313

City STUART State FL Zip Code 34996-3310

FEC ID number of contributing federal political committee. **C** C00432906

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA11.6470

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
STUTZMAN FOR CONGRESS

Mailing Address 250 W 600 N

City State Zip Code
HOWE IN 46746-9476

FEC ID number of contributing federal political committee. **C** C00484683

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
242.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : SA11.7251

Amount of Each Receipt this Period
69.58

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

B. Full Name (Last, First, Middle Initial)
WOODALL FOR CONGRESS

Mailing Address P.O. BOX 1871

City State Zip Code
LAWRENCEVILLE GA 30046-1871

FEC ID number of contributing federal political committee. **C** C00482307

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11.6912

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOB LACOLLA FOR FISKILL

Mailing Address P.O. BOX 26

City State Zip Code
FISHKILL NY 12524-0026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11.6753

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2169.58

**SCHEDULE A (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 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CITIZENS FOR DEPEW

Mailing Address **348 PROSPEROUS VALLEY RD**

City **MIDDLETOWN** State **NY** Zip Code **10940-8708**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : SA11.6373

Amount of Each Receipt this Period

180.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CITIZENS TO ELECT JOHN BONACIC

Mailing Address **P.O. BOX 425**

City **NEW HAMPTON** State **NY** Zip Code **10958-0425**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : SA11.6374

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF PETER MICHAELIS

Mailing Address **P.O. BOX 27**

City **BEDFORD** State **NY** Zip Code **10506-0027**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7226

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1180.00

**SCHEDULE A (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 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
FRIENDS TO ELECT DONNA BENSON

Mailing Address 229 MT. EVE RD

City State Zip Code
GOSHEN NY 10924-7015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
195.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA11.6454

Amount of Each Receipt this Period
 130.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BOULEVARD

City State Zip Code
ARLINGTON VA 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : SA11.6328

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ADVANCED MEDICAL TECHNOLOGY ASSN. PAC

Mailing Address 701 PENNSYLVANIA AVENUE, N.W., #80

City State Zip Code
WASHINGTON DC 20004-2654

FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11.6305

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2630.00

**SCHEDULE A (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 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AEGON USA, LLC / TRANSAMERICA CORP PAC

Mailing Address 1001 PENNSYLVANIA AVE., NW, STE 50

City WASHINGTON State DC Zip Code 20004-2576

FEC ID number of contributing federal political committee. **C C00236414**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7024

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AETNA, INC. PAC

Mailing Address 20 F STREET, N.W., #350

City WASHINGTON State DC Zip Code 20001-6706

FEC ID number of contributing federal political committee. **C C00181826**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7017

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AGSH&F CIVIC ACTION COMMITTEE

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036-1500

FEC ID number of contributing federal political committee. **C C00104901**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : SA11.7252

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

IN-KIND: FUNDRAISING CONSULTING

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 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMER. SOCIETY OF PLASTIC SURGEONS PAC

Mailing Address 20 F STREET, N.W., #310A

City WASHINGTON State DC Zip Code 20001-6700

FEC ID number of contributing federal political committee. **C C00249342**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA11.6466

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOC. OF CLINICAL UROLOGISTS PAC

Mailing Address 1100 E. WOODFIELD ROAD, #520

City SCHAUMBURG State IL Zip Code 60173-5125

FEC ID number of contributing federal political committee. **C C00273003**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7174

Amount of Each Receipt this Period
 4000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Mailing Address 25 MASSACHUSETTS AVE., NW, STE. 55

City WASHINGTON State DC Zip Code 20001-1408

FEC ID number of contributing federal political committee. **C C00173153**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7181

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9000.00

**SCHEDULE A (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 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6756

Amount of Each Receipt this Period
 _____ 4000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY PAC

Mailing Address 2400 N STREET, NW

City	State	Zip Code
WASHINGTON	DC	20037-1153

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA11.6385

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL ASSOCIATION PAC

Mailing Address 1111 14TH STREET, N.W., #1100

City	State	Zip Code
WASHINGTON	DC	20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11.6815

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 9000.00

**SCHEDULE A (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 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSN. PAC

Mailing Address 919 18TH STREET, N.W., #300

City WASHINGTON State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012

Transaction ID : SA11.6601

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN HEALTH CARE ASSOCIATION PAC

Mailing Address 1201 L STREET, NW

City WASHINGTON State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6699

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN INSURANCE ASSOCIATION PAC

Mailing Address 1130 CONNECTICUT AVE., NW, SUITE 1

City WASHINGTON State DC Zip Code 20036-3910

FEC ID number of contributing federal political committee. **C** C00103143

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11.6308

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC
 Mailing Address **25 MASSACHUSETTS AVENUE, N.W., #60**
 City State Zip Code
WASHINGTON DC 20001-7400
 FEC ID number of contributing federal political committee. **C C00000422**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 26 2012
Transaction ID : SA11.6324
 Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION
 Mailing Address **1111 N FAIRFAX ST**
 City State Zip Code
ALEXANDRIA VA 22314-1484
 FEC ID number of contributing federal political committee. **C C00012880**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 27 2012
Transaction ID : SA11.6959
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ARCELORMITTAL USA GOOD GOVMT COMM
 Mailing Address **1808 EYE STREET, NW, 5TH FLOOR**
 City State Zip Code
WASHINGTON DC 20006-5416
 FEC ID number of contributing federal political committee. **C C00104109**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 17 2012
Transaction ID : SA11.6761
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

7000.00
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 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ARDA-ROC PAC

Mailing Address 1201 15TH STREET, N.W., #400

City WASHINGTON State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00358663

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7177

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASPLUNDH TREE EXPERT CO. PAC

Mailing Address 708 BLAIR MILL ROAD

City WILLOW GROVE State PA Zip Code 19090-1701

FEC ID number of contributing federal political committee. **C** C00177741

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6962

Amount of Each Receipt this Period
 4000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMER. PAC

Mailing Address 2300 WILSON BLVD., STE 400

City ARLINGTON State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : SA11.6511

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

11500.00

**SCHEDULE A (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 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. ASSOCIATED GENERAL CONTRACTORS OF AMER. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 2300 WILSON BLVD., STE 400

City ARLINGTON State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C C00082917**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7183

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. ASTELLAS US LLC PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1 ASTELLAS WAY

City NORTHBROOK State IL Zip Code 60062-6111

FEC ID number of contributing federal political committee. **C C00444885**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7025

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. AT&T, INC. FEDERAL PAC

Full Name (Last, First, Middle Initial)
Mailing Address 208 S. AKARD STREET, #2701

City DALLAS State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6927

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 OF 304	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTL. TRADE PAC

Mailing Address 1625 PRINCE STREET, #225

City ALEXANDRIA State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11.6820

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AXA EQUITABLE LIFE INSURANCE CO. PAC

Mailing Address 1290 AVENUES OF THE AMERICAS

City NEW YORK State NY Zip Code 10104-0101

FEC ID number of contributing federal political committee. **C** C00161901

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11.6827

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL PAC

Mailing Address 1455 PENNSYLVANIA AVENUE, N.W., #9

City WASHINGTON State DC Zip Code 20004-1043

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA11.6387

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
BASF CORPORATION EMPLOYEES' PAC

Mailing Address 100 CAMPUS DRIVE

City State Zip Code
FLORHAM PARK NJ 07932-1020

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.7020

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BOSTON SCIENTIFIC CORPORATION PAC

Mailing Address 1 BOSTON SCIENTIFIC PLACE

City State Zip Code
NATICK MA 01760-1536

FEC ID number of contributing federal political committee. **C** C00357863

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 13 / 2012

Transaction ID : SA11.6427

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BUILD PAC NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15TH ST NW

City State Zip Code
WASHINGTON DC 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7180

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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 160 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. BUSINESS-INDUSTRY PAC

Full Name (Last, First, Middle Initial)
Mailing Address 888 16TH STREET, NW

City WASHINGTON State DC Zip Code 20006-4103

FEC ID number of contributing federal political committee. **C C00001727**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7018

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. CABLEVISION SYSTEMS CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1111 STEWART AVENUE

City BETHPAGE State NY Zip Code 11714-3533

FEC ID number of contributing federal political committee. **C C00197863**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6943

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. CHARLES SCHWAB CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 211 MAIN STREET

City SAN FRANCISCO State CA Zip Code 94105-1905

FEC ID number of contributing federal political committee. **C C00370114**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : SA11.6326

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CHESAPEAKE ENERGY CORP. FED-PAC

Mailing Address P.O. BOX 18496

City State Zip Code
OKLAHOMA CITY OK 73154-0496

FEC ID number of contributing federal political committee. **C C00389288**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11.6701

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHICAGO BOARD OF OPTIONS EXCHANGE PAC

Mailing Address 400 S. LASALLE STREET

City State Zip Code
CHICAGO IL 60605-7001

FEC ID number of contributing federal political committee. **C C00100693**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : SA11.6830

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CITIGROUP, INC. PAC-FEDERAL

Mailing Address 1101 PENNSYLVANIA AVENUE, N.W., #1

City State Zip Code
WASHINGTON DC 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA11.7235

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CME GROUP, INC. PAC

Mailing Address **20 S. WACKER DRIVE**

City **CHICAGO** State **IL** Zip Code **60606-7431**

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : SA11.6823

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS PAC

Mailing Address **1350 I STREET, N.W., #590**

City **WASHINGTON** State **DC** Zip Code **20005-3305**

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11.7022

Amount of Each Receipt this Period
4500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CONTINUING AMERICA'S STRENGTH AND SECURITY PAC

Mailing Address **P.O. BOX 80694**

City **BATON ROUGE** State **LA** Zip Code **70898-0694**

FEC ID number of contributing federal political committee. **C C00480228**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11.6836

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
CREDIT SUISSE SECURITIES, LLC PAC

Mailing Address 1201 F STREET, N.W., #450

City WASHINGTON State DC Zip Code 20004-1214

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6944

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CREDIT SUISSE SECURITIES, LLC PAC

Mailing Address 1201 F STREET, N.W., #450

City WASHINGTON State DC Zip Code 20004-1214

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7176

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CSX CORP. GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVE., NW, STE. 5

City WASHINGTON State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11.6828

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
DAVITA INC. POLITICAL ACTION COMMITTEE

Mailing Address **601 HAWAII STREET**

City **EL SEGUNDO** State **CA** Zip Code **90245-4814**

FEC ID number of contributing federal political committee. **C C00340943**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : SA11.6390

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE

Mailing Address **8400 WESTPARK DR**

City **MCLEAN** State **VA** Zip Code **22102-5116**

FEC ID number of contributing federal political committee. **C C00040998**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : SA11.6307

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST & CLEARING CORP.

Mailing Address **601 13TH ST., NW, STE. 580 SOUTH**

City **WASHINGTON** State **DC** Zip Code **20005-3807**

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **4816.66**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.6264

Amount of Each Receipt this Period
1850.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6350.00

**SCHEDULE A (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 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. DEPOSITORY TRUST & CLEARING CORP.

Full Name (Last, First, Middle Initial)
DEPOSITORY TRUST & CLEARING CORP.

Mailing Address 601 13TH ST., NW, STE. 580 SOUTH

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4816.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2012

Transaction ID : SA11.7253

Amount of Each Receipt this Period
 _____ 650.00

CONTRIBUTION

IN-KIND: FUNDRAISING CONSULTING

B. DYKEMA GOSSETT FEDERAL PAC

Full Name (Last, First, Middle Initial)
DYKEMA GOSSETT FEDERAL PAC

Mailing Address 201 TOWNSEND STREET, #900

City LANSING State MI Zip Code 48933-1529

FEC ID number of contributing federal political committee. **C C00342113**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : SA11.6262

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

C. DYKEMA GOSSETT FEDERAL PAC

Full Name (Last, First, Middle Initial)
DYKEMA GOSSETT FEDERAL PAC

Mailing Address 201 TOWNSEND STREET, #900

City LANSING State MI Zip Code 48933-1529

FEC ID number of contributing federal political committee. **C C00342113**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6759

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 2650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. FINANCIAL PLANNING ASSOCIATION PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 K STREET, N.W., #201

City WASHINGTON	State DC	Zip Code 20006-2821
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C C00370130**

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : SA11.6430

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

B. FLUOR CORPORATION PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6700 LAS COLINAS BLVD.

City IRVING	State TX	Zip Code 75039-2902
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C C00034132**

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7021

Amount of Each Receipt this Period
 _____ 2000.00
 CONTRIBUTION

C. FMR, LLC PAC-FEDERAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 82 DEVONSHIRE STREET, #N5A

City BOSTON	State MA	Zip Code 02109-3605
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C C00380550**

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : SA11.6428

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. GENERAL ELECTRIC COMPANY PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1299 PENNSYLVANIA AVENUE, N.W., #9
 City WASHINGTON State DC Zip Code 20004-2400
 FEC ID number of contributing federal political committee. **C C00024869**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012
Transaction ID : SA11.7178
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. GENWORTH FINANCIAL INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6620 WEST BROAD STREET
 City RICHMOND State VA Zip Code 23230-1716
 FEC ID number of contributing federal political committee. **C C00404194**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012
Transaction ID : SA11.6432
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. GLOVER PARK PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 14TH STREET, NW, STE 800
 City WASHINGTON State DC Zip Code 20005-2005
 FEC ID number of contributing federal political committee. **C C00466094**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : SA11.6824
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
GLOVER PARK PAC

Mailing Address 607 14TH STREET, NW, STE 800

City WASHINGTON State DC Zip Code 20005-2005

FEC ID number of contributing federal political committee. **C C00466094**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11.6825

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GRANT THORNTON, LLP PAC

Mailing Address 1250 CONNECTICUT AVE., N.W., #400

City WASHINGTON State DC Zip Code 20036-2660

FEC ID number of contributing federal political committee. **C C00408260**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2012

Transaction ID : SA11.6321

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GREAT LAKES SUGARBEET GROWERS PAC

Mailing Address 2600 SOUTH EUCLID AVENUE

City BAY CITY State MI Zip Code 48706-3414

FEC ID number of contributing federal political committee. **C C00384354**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2012

Transaction ID : SA11.6323

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
HAL PAC

Mailing Address **701 8TH ST., NW, STE 500**

City **WASHINGTON** State **DC** Zip Code **20001-3965**

FEC ID number of contributing federal political committee. **C C00466490**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

Transaction ID : SA11.6505

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HELP UNITE REPUBLICANS TODAY PAC

Mailing Address **P.O. BOX 283**

City **CHATHAM** State **VA** Zip Code **24531-0283**

FEC ID number of contributing federal political committee. **C C00496323**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : SA11.6388

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOLLAND & KNIGHT FOR EFFECTIVE GOVT. PAC

Mailing Address **2099 PENNSYLVANIA AVENUE, N.W., #1**

City **WASHINGTON** State **DC** Zip Code **20006-6801**

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.6261

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE., N.W., #500W

City WASHINGTON	State DC	Zip Code 20001-2177
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : SA11.6354

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HSBC NORTH AMERICA PAC

Mailing Address 1401 EYE STREET, NW, STE. 520

City WASHINGTON	State DC	Zip Code 20005-2213
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00497982

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : SA11.6293

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HSBC NORTH AMERICA PAC

Mailing Address 1401 EYE STREET, NW, STE. 520

City WASHINGTON	State DC	Zip Code 20005-2213
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00497982

Name of Employer	Occupation
------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA11.6386

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
ING AMERICA INSURANCE HOLDINGS, INC. PAC

Mailing Address 1 ORANGE WAY, #C1N

City WINDSOR State CT Zip Code 06095-4773

FEC ID number of contributing federal political committee. **C C00184028**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6945

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL SECURITIES EXCHANGE INC. PAC

Mailing Address 60 BROAD STREET

City NEW YORK State NY Zip Code 10004-2306

FEC ID number of contributing federal political committee. **C C00382226**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA11.6468

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address 1201 15TH STREET, N.W., #300

City WASHINGTON State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA11.6384

Amount of Each Receipt this Period
 _____ 3500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 174 OF 304	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES, INC. PAC

Mailing Address 600 14TH STREET, N.W., #800

City WASHINGTON State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : SA11.6425

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LABORATORY CORP. OF AMERICA HOLDINGS PAC

Mailing Address 231 MAPLE AVENUE

City BURLINGTON State NC Zip Code 27215-5848

FEC ID number of contributing federal political committee. **C C00314997**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6755

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY PAC

Mailing Address 175 BERKELEY STREET

City BOSTON State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6957

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORP. EMPLOYEES' PAC

Mailing Address 2121 CRYSTAL DRIVE, #100

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : SA11.6503

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LPL FINANCIAL CORP. PAC

Mailing Address ONE BEACON STREET, 22ND FLOOR

City BOSTON State MA Zip Code 02108-3106

FEC ID number of contributing federal political committee. **C** C00486217

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA11.6469

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARSH & MCLENNAN COMPANIES, INC. PAC

Mailing Address 1255 23RD STREET, NW, STE 400

City WASHINGTON State DC Zip Code 20037-1151

FEC ID number of contributing federal political committee. **C** C00457234

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7184

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MASTERCARD INT'L. INC. EMPLOYEES PAC
 Mailing Address 2000 PURCHASE ST.
 City PURCHASE State NY Zip Code 10577-2405
 FEC ID number of contributing federal political committee. **C C00410274**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11.7023
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCKESSON CORP. EMPLOYEES POLITICAL FUND
 Mailing Address 1 POST STREET, 32ND FLOOR
 City SAN FRANCISCO State CA Zip Code 94104-5255
 FEC ID number of contributing federal political committee. **C C00108035**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11.6946
 Amount of Each Receipt this Period
 4000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MEDNAX, INC. PAC
 Mailing Address 1301 CONCORD TERRACE
 City SUNRISE State FL Zip Code 33323-2843
 FEC ID number of contributing federal political committee. **C C00469205**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012
Transaction ID : SA11.6327
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
METLIFE, INC. EMP. POLITICAL PARTICIPATION

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036-6797

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : SA11.6426

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
METLIFE, INC. EMP. POLITICAL PARTICIPATION

Mailing Address 1095 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036-6797

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7175

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)

Mailing Address 7525 RED RIVER RD.

City WAHPETON State ND Zip Code 58075-9705

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : SA11.6265

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N. MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11.6816

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N. MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7236

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE PAC

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : SA11.6832

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M STREET, N.W., #540

City WASHINGTON State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : SA11.6355

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL RESTAURANT ASSOCIATION PAC

Mailing Address 1200 17TH STREET, NW

City WASHINGTON State DC Zip Code 20036-3004

FEC ID number of contributing federal political committee. **C C00003764**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7172

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL VENTURE CAPITAL ASSOCIATION PAC

Mailing Address 1655 N. FORT MYER DRIVE, #850

City ARLINGTON State VA Zip Code 22209-3199

FEC ID number of contributing federal political committee. **C C00150367**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6956

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address 228 WASHINGTON STREET, #115

City ALEXANDRIA State VA Zip Code 22314-5408

FEC ID number of contributing federal political committee. **C C00459123**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7171

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NEXT CENTURY FUND

Mailing Address 116 S. ROYAL ST.

City ALEXANDRIA State VA Zip Code 22314-3328

FEC ID number of contributing federal political committee. **C C00343947**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : SA11.6436

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NORTHWESTERN MUTUAL LIFE INSURANCE CO. PAC

Mailing Address 720 E. WISCONSIN AVENUE

City MILWAUKEE State WI Zip Code 53202-4703

FEC ID number of contributing federal political committee. **C C00197095**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : SA11.6833

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
NOVO NORDISK INC. PAC

Mailing Address 1155 F STREET, NW, STE. 1150

City WASHINGTON State DC Zip Code 20004-1351

FEC ID number of contributing federal political committee. **C** C00424838

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : SA11.6334

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
OLDCASTLE MATERIALS, INC. PAC

Mailing Address 101 CONSTITUTION AVE NW SUITE 600

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7182

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PECKHAM INDUSTRIES, INC. FEDERAL PAC

Mailing Address 20 HAARLEM AVENUE

City WHITE PLAINS State NY Zip Code 10603-2223

FEC ID number of contributing federal political committee. **C** C00343681

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6940

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PEPSICO, INC. CONCERNED CITIZENS FUND

Mailing Address 700 ANDERSON HILL ROAD

City PURCHASE State NY Zip Code 10577-1401

FEC ID number of contributing federal political committee. **C** C00039321

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7179

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PFIZER, INC. PAC

Mailing Address 235 E. 42ND STREET

City NEW YORK State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : SA11.6325

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PFIZER, INC. PAC

Mailing Address 235 E. 42ND STREET

City NEW YORK State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11.6821

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PHILIPS ELECTRONICS NORTH AMERICA CORP. PAC

Mailing Address 1050 K STREET, NW STE 900

City WASHINGTON State DC Zip Code 20001-4460

FEC ID number of contributing federal political committee. **C** C00239780

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : SA11.6829

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PHYSICIAN INSURERS ASSOCIATION OF AMER. PAC

Mailing Address 2275 RESEARCH BLVD., SUITE 250

City ROCKVILLE State MD Zip Code 20850-6213

FEC ID number of contributing federal political committee. **C** C00319319

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6762

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PIONEER PAC

Mailing Address 701 8TH STREET, NW, STE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6706

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
PLAINSCAPITAL CORP. PAC

Mailing Address 2323 VICTORY AVE., SUITE 1400

City State Zip Code
DALLAS TX 75219-7695

FEC ID number of contributing federal political committee. **C C00482125**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6708

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PNC PAC

Mailing Address 249 FIFTH AVE.

City State Zip Code
PITTSBURGH PA 15222-2707

FEC ID number of contributing federal political committee. **C C00035519**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : SA11.6434

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PRINCIPAL FINANCIAL GROUP

Mailing Address 711 HIGH STREET

City State Zip Code
DES MOINES IA 50392-0001

FEC ID number of contributing federal political committee. **C C00128918**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6704

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 304
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. QUEST DIAGNOSTICS INC. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 K STREET, NW, STE 803
 City WASHINGTON State DC Zip Code 20005-3495
 FEC ID number of contributing federal political committee. **C C00329185**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012
Transaction ID : SA11.6333
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. REAL ESTATE INVESTMENT TRUSTS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1875 I STREET, N.W., #600
 City WASHINGTON State DC Zip Code 20006-5413
 FEC ID number of contributing federal political committee. **C C00303339**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : SA11.6822
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. REPUBLICAN MAINSTREET PARTNERSHIP PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 L STREET, NW, STE 100-263
 City WASHINGTON State DC Zip Code 20005-4018
 FEC ID number of contributing federal political committee. **C C00165159**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : SA11.6697
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 1220 L STREET, NW, STE 100-263

City	State	Zip Code
WASHINGTON	DC	20005-4018

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : SA11.6831

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REYNOLDS AMERICAN PAC

Mailing Address 401 N. MAIN STREET

City	State	Zip Code
WINSTON SALEM	NC	27101-3804

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7027

Amount of Each Receipt this Period
 _____ 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SECURITIES IND. & FIN. MARKETS ASSN. PAC

Mailing Address 1101 NEW YORK AVENUE, N.W., 8TH FL

City	State	Zip Code
WASHINGTON	DC	20005-4269

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer	Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6958

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
SOCIETY FOR VASCULAR SURGERY PAC

Mailing Address 633 N. ST. CLAIR ST., 24TH FLOOR

City CHICAGO State IL Zip Code 60611-6554

FEC ID number of contributing federal political committee. **C C00381459**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : SA11.6329

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOP. PAC

Mailing Address PO BOX 500

City RENVILLE State MN Zip Code 56284-0500

FEC ID number of contributing federal political committee. **C C00166348**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA11.6394

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STAND TALL AMERICA PAC

Mailing Address P.O. BOX 2382

City AMARILLO State TX Zip Code 79105-2382

FEC ID number of contributing federal political committee. **C C00404418**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6709

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
SUNTRUST POLITICAL ACTION COMM.

Mailing Address 919 EAST MAIN STREET

City RICHMOND State VA Zip Code 23219-4625

FEC ID number of contributing federal political committee. **C** C00386524

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : SA11.6331

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SUNTRUST POLITICAL ACTION COMM.

Mailing Address 919 EAST MAIN STREET

City RICHMOND State VA Zip Code 23219-4625

FEC ID number of contributing federal political committee. **C** C00386524

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA11.6391

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TACO POLITICAL ACTION COMMITTEE

Mailing Address 6405 METCALF AVNEUE, #503

City SHAWNEE MISSION State KS Zip Code 66202

FEC ID number of contributing federal political committee. **C** C00330118

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7019

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY PAC

Mailing Address 1200 WILSON BLVD.

City ARLINGTON State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : SA11.6356

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE CHUBB CORP. PAC

Mailing Address 15 MOUNTAIN VIEW ROAD

City WARREN State NJ Zip Code 07059-6711

FEC ID number of contributing federal political committee. **C** C00229203

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7240

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE FINANCIAL SERVICES ROUNDTABLE PAC

Mailing Address 1001 PENNSYLVANIA AVENUE, N.W., #5

City WASHINGTON State DC Zip Code 20004-2508

FEC ID number of contributing federal political committee. **C** C00193177

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6758

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
TIME WARNER CABLE, INC. FEDERAL PAC

Mailing Address 901 F STREET, N.W., #800

City WASHINGTON State DC Zip Code 20004-1477

FEC ID number of contributing federal political committee. **C** C00431551

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2035.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012

Transaction ID : SA11.6603

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TOMORROW IS MEANINGFUL PAC (TIM PAC)

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00495887

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3846.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6960

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TRUCKING PAC OF THE AMER. TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11.7026

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
TYCO INTERNATIONAL EMPLOYEES PAC

Mailing Address **9 ROSZEL ROAD**

City **PRINCETON** State **NJ** Zip Code **08540-6205**

FEC ID number of contributing federal political committee. **C C00113753**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11.6837

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
U.S. BANCORP, PAC

Mailing Address **800 NICOLLET MALL, BC MN-H210**

City **MINNEAPOLIS** State **MN** Zip Code **55402-7000**

FEC ID number of contributing federal political committee. **C C00018036**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : SA11.6292

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
U.S. BANCORP, PAC

Mailing Address **800 NICOLLET MALL, BC MN-H210**

City **MINNEAPOLIS** State **MN** Zip Code **55402-7000**

FEC ID number of contributing federal political committee. **C C00018036**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11.6835

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
UBS AMERICAS FUND FOR BETTER GOVT.

Mailing Address 400 ATLANTIC STREET

City State Zip Code
STAMFORD CT 06901-3512

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : SA11.6504

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNION PAC. CORP. FUND FOR EFFECTIVE GOVT.

Mailing Address 600 13TH STREET, N.W., #340

City State Zip Code
WASHINGTON DC 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : SA11.6703

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PKWY, NE

City State Zip Code
ATLANTA GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : SA11.6332

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
US CHAMBER PAC

Mailing Address 1615 H STREET, NW

City WASHINGTON State DC Zip Code 20062-0001

FEC ID number of contributing federal political committee. **C C00082040**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6935

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VALUE IN ELECTING WOMEN PAC

Mailing Address 701 8TH STREET, N.W., #500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C C00327189**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11.6955

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VERIZON/VERIZON WIRELESS GOOD GOVT. CLUB

Mailing Address 1300 I STREET, N.W., #400W

City WASHINGTON State DC Zip Code 20005-7101

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2012

Transaction ID : SA11.7173

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
WAL-MART STORES, INC. PAC

Mailing Address 702 S.W. 8TH STREET

City State Zip Code
BENTONVILLE AR 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : SA11.6834

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WELLPOINT, INC. WELLPAC

Mailing Address 120 MONUMENT CIRCLE

City State Zip Code
INDIANAPOLIS IN 46204-4906

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA11.6464

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

262979.58

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
FRESHMAN HOLD'EM JFC

Mailing Address P.O. BOX 75021

City State Zip Code
WASHINGTON DC 20013-0021

FEC ID number of contributing federal political committee. **C** C00523985

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3115.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA12.7241

Amount of Each Receipt this Period
3115.38

CONTRIBUTION

SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
CHARLOTTE LUCAS

Mailing Address 3199 HARRISON WAY

City State Zip Code
CORYDON IN 47112-6903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
346.15

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA12.7248

Amount of Each Receipt this Period
346.15

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FORREST LUCAS

Mailing Address 3199 HARRISON WAY

City State Zip Code
CORYDON IN 47112-6903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LUCAS OIL CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
346.15

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA12.7247

Amount of Each Receipt this Period
346.15

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3115.38

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
MARLIN PAC

Mailing Address 250W 600N

City State Zip Code
HOWE IN 46746-9476

FEC ID number of contributing federal political committee. **C C00492868**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 173.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 29 2012

Transaction ID : SA12.7243

Amount of Each Receipt this Period
 _____ 173.08

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NAT'L. ASSN. OF CHEMICAL DISTRIBUTORS RESPONSIBLE DISTRIBUTION PAC

Mailing Address 1555 WILSON BLVD., STE. 700

City State Zip Code
ARLINGTON VA 22209-2415

FEC ID number of contributing federal political committee. **C C00379180**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 692.31

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 29 2012

Transaction ID : SA12.7249

Amount of Each Receipt this Period
 _____ 692.31

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City State Zip Code
ROSWELL GA 30077-0425

FEC ID number of contributing federal political committee. **C C00386755**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 865.38

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 29 2012

Transaction ID : SA12.7245

Amount of Each Receipt this Period
 _____ 865.38

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 304
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
STUTZMAN FOR CONGRESS

Mailing Address 250 W 600 N

City State Zip Code
HOWE IN 46746-9476

FEC ID number of contributing federal political committee. **C C00484683**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
242.66

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA12.7242

Amount of Each Receipt this Period
173.08

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TOM REED FOR CONGRESS

Mailing Address P.O. BOX 450

City State Zip Code
VICTOR NY 14564-0450

FEC ID number of contributing federal political committee. **C C00464032**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
173.08

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA12.7244

Amount of Each Receipt this Period
173.08

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
TOMORROW IS MEANINGFUL PAC (TIM PAC)

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C C00495887**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3846.15

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : SA12.7246

Amount of Each Receipt this Period
346.15

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

3115.38

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) WELLS FARGO		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012
Mailing Address 41 S. MOGER AVENUE		Transaction ID : SA15.1329
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 161.60	
Name of Employer	Occupation	INTEREST INCOME
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1730.16	

Full Name (Last, First, Middle Initial) WELLS FARGO		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2012
Mailing Address 41 S. MOGER AVENUE		Transaction ID : SA15.1541
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 157.25	
Name of Employer	Occupation	INTEREST INCOME
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1730.16	INTEREST INCOME

Full Name (Last, First, Middle Initial) WELLS FARGO		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 41 S. MOGER AVENUE		Transaction ID : SA15.1591
City MOUNT KISCO	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 94.79	
Name of Employer	Occupation	INTEREST INCOME
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1730.16	INTEREST INCOME

SUBTOTAL of Receipts This Page (optional).....	413.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 304
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. Full Name (Last, First, Middle Initial)
FEDERAL OFFICE REPUBLICANS OF NEW YORK

Mailing Address P.O. BOX 22

City TUXEDO State NY Zip Code 10987

FEC ID number of contributing federal political committee. **C** C00488809

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : SA15.1462

Amount of Each Receipt this Period
150.00

[MEMO ITEM]
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
FEDERAL OFFICE REPUBLICANS OF NEW YORK

Mailing Address P.O. BOX 22

City TUXEDO State NY Zip Code 10987

FEC ID number of contributing federal political committee. **C** C00488809

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : SA15.1574

Amount of Each Receipt this Period
450.00

[MEMO ITEM]
MEMO: TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

413.64

**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 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. STUTZMAN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 250 W 600 N		Amount of Each Disbursement this Period 69.58
City HOWE	State IN	
Zip Code 46746-9476	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.7251
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND: FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) B. CAITLIN BARANOWSKI		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 657.00
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Transaction ID : SB17.I1301
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) C. CAITLIN BARANOWSKI		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 459.00
City CARMEL	State NY	
Zip Code 10512	Purpose of Disbursement SALARY	Transaction ID : SB17.I1313
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1185.58
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 202 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CAITLIN BARANOWSKI			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012		
Mailing Address 9 LOVELY LANE			Amount of Each Disbursement this Period 693.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I1372		
Purpose of Disbursement SALARY		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) B. CAITLIN BARANOWSKI			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012		
Mailing Address 9 LOVELY LANE			Amount of Each Disbursement this Period 927.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I1388		
Purpose of Disbursement SALARY		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) C. CAITLIN BARANOWSKI			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012		
Mailing Address 9 LOVELY LANE			Amount of Each Disbursement this Period 90.00		
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I1414		
Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW		Category/ Type	EXPENSE REIMBURSEMENT: SEE BELOW		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

SUBTOTAL of Disbursements This Page (optional).....	1710.00
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 203 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 90.00
City WARWICK State NY Zip Code 10990	Purpose of Disbursement MEMO: POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1415
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		[MEMO ITEM] MEMO: POSTAGE

Full Name (Last, First, Middle Initial) B. CAITLIN BARANOWSKI		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 9 LOVELY LANE		Amount of Each Disbursement this Period 315.00
City CARMEL State NY Zip Code 10512	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1442
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		SALARY

Full Name (Last, First, Middle Initial) C. MICHAEL BELL		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 72 HILL ROAD HIDDEN VALLEY		Amount of Each Disbursement this Period 1800.00
City MIDDLETOWN State NY Zip Code 10946	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1508
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		SALARY

SUBTOTAL of Disbursements This Page (optional).....	2115.00
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 204 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. KARL BRABENEC		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 3500.00
City WESTBROOKVILLE	State NY	
Zip Code 12785	Purpose of Disbursement SALARY	Transaction ID : SB17.I1373
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) B. KARL BRABENEC		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 3500.00
City WESTBROOKVILLE	State NY	
Zip Code 12785	Purpose of Disbursement SALARY	Transaction ID : SB17.I1389
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) C. KARL BRABENEC		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 3500.00
City WESTBROOKVILLE	State NY	
Zip Code 12785	Purpose of Disbursement SALARY	Transaction ID : SB17.I1443
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	10500.00
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 205 OF 304			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. KARL BRABENEC		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 72.00
City WESTBROOKVILLE	State NY Zip Code 12785	
Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW		Transaction ID : SB17.I1458
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) B. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address P.O. BOX 15124		Amount of Each Disbursement this Period 72.00
City ALBANY	State NY Zip Code 12212	
Purpose of Disbursement MEMO: PHONE		Transaction ID : SB17.I1459
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: PHONE
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) C. KARL BRABENEC		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address 12 APPLE LANE		Amount of Each Disbursement this Period 3500.00
City WESTBROOKVILLE	State NY Zip Code 12785	
Purpose of Disbursement SALARY		Transaction ID : SB17.I1496
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3572.00
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 206 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. ROBERT BROWN			Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 38 BERGEN AVE.			Amount of Each Disbursement this Period \$ 100.00 Transaction ID : SB17.I1374
City WALDEN	State NY	Zip Code 12586	
Purpose of Disbursement SALARY	Candidate Name		SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		

Full Name (Last, First, Middle Initial) B. ROBERT BROWN			Date of Disbursement MM / DD / YYYY 09 / 01 / 2012
Mailing Address 38 BERGEN AVE.			Amount of Each Disbursement this Period \$ 250.00 Transaction ID : SB17.I1444
City WALDEN	State NY	Zip Code 12586	
Purpose of Disbursement SALARY	Candidate Name		SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		

Full Name (Last, First, Middle Initial) C. ROBERT BROWN			Date of Disbursement MM / DD / YYYY 09 / 16 / 2012
Mailing Address 38 BERGEN AVE.			Amount of Each Disbursement this Period \$ 250.00 Transaction ID : SB17.I1495
City WALDEN	State NY	Zip Code 12586	
Purpose of Disbursement SALARY	Candidate Name		SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	\$ 600.00
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 207 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 2832.76
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1286
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EXPENSE REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) B. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 2487.25
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement MEMO: MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I1288
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: MILEAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial) C. CENTENNIAL GRILLE ROOM		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 185 JOHN SIMPSON ROAD		Amount of Each Disbursement this Period 261.50
City CARMEL State NY Zip Code 10512	Purpose of Disbursement MEMO: FOOD & BEVERAGE	
Candidate Name		Transaction ID : SB17.I1287
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional).....	2832.76
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 208 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 5500.00
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement SALARY	
Candidate Name		Transaction ID : SB17.I1316
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	SALARY

Full Name (Last, First, Middle Initial) B. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 1314.93
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1361
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EXPENSE REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) C. LAKEVIEW HOUSE		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 343 LAKESIDE ROAD		Amount of Each Disbursement this Period 1216.07
City NEWBURGH State NY Zip Code 12550	Purpose of Disbursement MEMO: FOOD & BEVERAGE	
Candidate Name		Transaction ID : SB17.I1362
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)	6814.93
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 209 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 612.49
City WARWICK State NY Zip Code 10990	Purpose of Disbursement MEMO: POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1363
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		[MEMO ITEM] MEMO: POSTAGE

Full Name (Last, First, Middle Initial) B. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 5500.00
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1383
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		SALARY

Full Name (Last, First, Middle Initial) C. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 612.49
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name	Category/Type	Transaction ID : SB17.I1428
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		EXPENSE REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional).....	6112.49
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 210 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 270.00
City WARWICK	State NY Zip Code 10990	
Purpose of Disbursement MEMO: POSTAGE	Category/Type	Transaction ID : SB17.I1430
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: POSTAGE
State: District: 00		

Full Name (Last, First, Middle Initial) B. VISTA PRINT		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 95 HAYDEN AVE.		Amount of Each Disbursement this Period 342.49
City LEXINGTON	State MA Zip Code 02421	
Purpose of Disbursement MEMO: PRINTING	Category/Type	Transaction ID : SB17.I1429
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: PRINTING
State: District: 00		

Full Name (Last, First, Middle Initial) C. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 5500.00
City CHATHAM	State NY Zip Code 12037	
Purpose of Disbursement SALARY	Category/Type	Transaction ID : SB17.I1445
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

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 211 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 45.00
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: POSTAGE	
Candidate Name		Transaction ID : SB17.I1533
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EXPENSE REIMBURSEMENT: POSTAGE

Full Name (Last, First, Middle Initial) B. PAULA COLARUSSO		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 1544 STATE ROUTE 203		Amount of Each Disbursement this Period 1749.78
City CHATHAM State NY Zip Code 12037	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1538
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	EXPENSE REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) C. U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 405.00
City WARWICK State NY Zip Code 10990	Purpose of Disbursement MEMO: POSTAGE	
Candidate Name		Transaction ID : SB17.I1539
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional).....	1794.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 212 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. VISTA PRINT		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 95 HAYDEN AVE.		Amount of Each Disbursement this Period 1344.78
City LEXINGTON	State MA	
Zip Code 02421	Purpose of Disbursement MEMO: PRINTING	Transaction ID : SB17.I1540
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: PRINTING
State: District: 00		

Full Name (Last, First, Middle Initial) B. TIMOTHY DUNCAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 19 HELENE CIRCLE		Amount of Each Disbursement this Period 41.80
City HIGHLAND MILLS	State NY	
Zip Code 10930	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1250
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	MILEAGE REIMBURSEMENT
State: District: 00		

Full Name (Last, First, Middle Initial) C. ANDREW FORMAN		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 44 MONELL PLACE		Amount of Each Disbursement this Period 400.00
City BEACON	State NY	
Zip Code 12508	Purpose of Disbursement SALARY	Transaction ID : SB17.I1375
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	441.80
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 213 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CHRISTOPHER FORMISANO			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 56 MEXICO LANE			Amount of Each Disbursement this Period 333.00
City MAHOPAC	State NY	Zip Code 10541	
Purpose of Disbursement SALARY		Candidate Name	Transaction ID : SB17.I1314
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	SALARY
State:	District: 00		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER FORMISANO			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 56 MEXICO LANE			Amount of Each Disbursement this Period 1000.00
City MAHOPAC	State NY	Zip Code 10541	
Purpose of Disbursement SALARY		Candidate Name	Transaction ID : SB17.I1376
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	SALARY
State:	District: 00		

Full Name (Last, First, Middle Initial) C. CHRISTOPHER FORMISANO			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 56 MEXICO LANE			Amount of Each Disbursement this Period 1000.00
City MAHOPAC	State NY	Zip Code 10541	
Purpose of Disbursement SALARY		Candidate Name	Transaction ID : SB17.I1446
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	SALARY
State:	District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2333.00
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 214 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CHRISTOPHER FORMISANO			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 56 MEXICO LANE			Amount of Each Disbursement this Period 250.00
City MAHOPAC	State NY	Zip Code 10541	
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : SB17.I1489
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District: 00			

Full Name (Last, First, Middle Initial) B. CONNOR P. GILLIS			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 1500.00
City MIDDLETOWN	State NY	Zip Code 10940	
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : SB17.I1302
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		SALARY
State: District: 00			

Full Name (Last, First, Middle Initial) C. CONNOR P. GILLIS			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 82.50
City MIDDLETOWN	State NY	Zip Code 10940	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type	Transaction ID : SB17.I1311
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		MILEAGE REIMBURSEMENT
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	1832.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CONNOR P. GILLIS			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 1500.00
City MIDDLETOWN	State NY	Zip Code 10940	
Purpose of Disbursement SALARY	Candidate Name		Transaction ID : SB17.I1315
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		SALARY

Full Name (Last, First, Middle Initial) B. CONNOR P. GILLIS			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 1500.00
City MIDDLETOWN	State NY	Zip Code 10940	
Purpose of Disbursement SALARY	Candidate Name		Transaction ID : SB17.I1377
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		SALARY

Full Name (Last, First, Middle Initial) C. CONNOR P. GILLIS			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 39 1/2 WATKINS AVE.			Amount of Each Disbursement this Period 1000.00
City MIDDLETOWN	State NY	Zip Code 10940	
Purpose of Disbursement SALARY	Candidate Name		Transaction ID : SB17.I1490
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		SALARY

SUBTOTAL of Disbursements This Page (optional).....	4000.00
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 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. LEWIS HART		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 136 SEVEN BRIDGES ROAD		Amount of Each Disbursement this Period 330.00
City CHAPPAQUA State NY Zip Code 10514	Purpose of Disbursement WAGES	
Candidate Name	Category/Type	Transaction ID : SB17.I1378
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	WAGES	
State: District: 00		

Full Name (Last, First, Middle Initial) B. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 7500.00
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1317
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY	
State: District: 00		

Full Name (Last, First, Middle Initial) C. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 7500.00
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	Transaction ID : SB17.I1320
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	15330.00
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 217 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. BRUCE HARVIE		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 109 WOODCREST DR.		Amount of Each Disbursement this Period 493.34
City HOPEWELL JCT. State NY Zip Code 12533	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Transaction ID : SB17.I1321
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 1200 E. ALGONQUIN RD.		Amount of Each Disbursement this Period 219.80
City ELK GROVE TOWNSHIP State IL Zip Code 60007	Purpose of Disbursement MEMO: AIRFARE	Transaction ID : SB17.I1322
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: AIRFARE
State: District: 00		

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 26 W. MERRITT BLVD.		Amount of Each Disbursement this Period 49.81
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement MEMO: OFFICE SUPPLIES	Transaction ID : SB17.I1323
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: OFFICE SUPPLIES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	493.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. KATELIN P. HARVIE			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012		
Mailing Address 109 WOODCREST DRIVE			Amount of Each Disbursement this Period 73.70		
City HOPEWELL JCT.	State NY	Zip Code 12533	Transaction ID : SB17.I1285		
Purpose of Disbursement EXPENSE REIMBURSEMENT: MILEAGE		Category/ Type	EXPENSE REIMBURSEMENT: MILEAGE		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) B. KATELIN P. HARVIE			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012		
Mailing Address 109 WOODCREST DRIVE			Amount of Each Disbursement this Period 180.00		
City HOPEWELL JCT.	State NY	Zip Code 12533	Transaction ID : SB17.I1303		
Purpose of Disbursement SALARY		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) C. PAMELA JACKSON			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012		
Mailing Address 67 DOGWOOD ROAD			Amount of Each Disbursement this Period 1666.67		
City CORTLANOT MANOR	State NY	Zip Code 10567	Transaction ID : SB17.I1318		
Purpose of Disbursement SALARY		Category/ Type	SALARY		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

SUBTOTAL of Disbursements This Page (optional).....	1920.37
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 219 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JULIE MAGRYTA		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 84 WEYANT ROAD		Amount of Each Disbursement this Period 654.55
City FORT MONTGOMERY	State NY Zip Code 10922	
Purpose of Disbursement SALARY	Category/Type	Transaction ID : SB17.I1390
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) B. JULIE MAGRYTA		Date of Disbursement MM / DD / YYYY 09 / 01 / 2012
Mailing Address 84 WEYANT ROAD		Amount of Each Disbursement this Period 900.00
City FORT MONTGOMERY	State NY Zip Code 10922	
Purpose of Disbursement SALARY	Category/Type	Transaction ID : SB17.I1447
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) C. JULIE MAGRYTA		Date of Disbursement MM / DD / YYYY 09 / 16 / 2012
Mailing Address 84 WEYANT ROAD		Amount of Each Disbursement this Period 900.00
City FORT MONTGOMERY	State NY Zip Code 10922	
Purpose of Disbursement SALARY	Category/Type	Transaction ID : SB17.I1494
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2454.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. MOLLY MANDIGO			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 39 W. 85TH ST., #2B			Amount of Each Disbursement this Period 750.00
City NEW YORK	State NY	Zip Code 10024	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I1328
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		FUNDRAISING CONSULTING
State: District: 00			

Full Name (Last, First, Middle Initial) B. MOLLY MANDIGO			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 39 W. 85TH ST., #2B			Amount of Each Disbursement this Period 750.00
City NEW YORK	State NY	Zip Code 10024	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I1435
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		FUNDRAISING CONSULTING
State: District: 00			

Full Name (Last, First, Middle Initial) C. MOLLY MANDIGO			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 39 W. 85TH ST., #2B			Amount of Each Disbursement this Period 750.00
City NEW YORK	State NY	Zip Code 10024	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I1438
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		FUNDRAISING CONSULTING
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	2250.00
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 221 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JEAN MANVEY			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 93 LONGVIEW DRIVE			Amount of Each Disbursement this Period 280.00	
City FISHKILL	State NY	Zip Code 12524	Transaction ID : SB17.I1385	
Purpose of Disbursement WAGES		Category/ Type	WAGES	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B. IAN MILLER			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012	
Mailing Address 63 EAST ROAD			Amount of Each Disbursement this Period 1018.18	
City WALLKILL	State NY	Zip Code 12589	Transaction ID : SB17.I1391	
Purpose of Disbursement SALARY		Category/ Type	SALARY	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) C. IAN MILLER			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012	
Mailing Address 63 EAST ROAD			Amount of Each Disbursement this Period 1400.00	
City WALLKILL	State NY	Zip Code 12589	Transaction ID : SB17.I1448	
Purpose of Disbursement SALARY		Category/ Type	SALARY	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

SUBTOTAL of Disbursements This Page (optional).....	2698.18
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 222 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. IAN MILLER		Date of Disbursement MM / DD / YYYY 08 / 21 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 87.98
City WALLKILL State NY Zip Code 12589	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Transaction ID : SB17.I1460
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) B. ONLINE STORES, INC.		Date of Disbursement MM / DD / YYYY 07 / 28 / 2012
Mailing Address 1000 WESTINGHOUSE DRIVE, STE 1		Amount of Each Disbursement this Period 87.98
City NEW STATION State PA Zip Code 15672	Purpose of Disbursement MEMO: FLAGS	Transaction ID : SB17.I1461
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FLAGS
State: District: 00		

Full Name (Last, First, Middle Initial) C. IAN MILLER		Date of Disbursement MM / DD / YYYY 09 / 16 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 1400.00
City WALLKILL State NY Zip Code 12589	Purpose of Disbursement SALARY	Transaction ID : SB17.I1493
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1487.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 223 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. IAN MILLER		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 759.41
City WALLKILL State NY Zip Code 12589	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Transaction ID : SB17.I1517
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) B. IAN MILLER		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 63 EAST ROAD		Amount of Each Disbursement this Period 191.57
City WALLKILL State NY Zip Code 12589	Purpose of Disbursement MEMO: MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1579
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MILEAGE REIMBURSEMENT
State: District: 00		

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 26 W. MERRITT BLVD.		Amount of Each Disbursement this Period 253.63
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement MEMO: OFFICE SUPPLIES	Transaction ID : SB17.I1519
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: OFFICE SUPPLIES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	759.41
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 224 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. KIMBERLY MORELLA		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address P.O. BOX 155		Amount of Each Disbursement this Period 1500.00
City REDFORD HILLS	State NY	
Zip Code 10507	Purpose of Disbursement SALARY	Transaction ID : SB17.I1507
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) B. TIMOTHY MURTAUGH		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 6623 10TH ST., B-2		Amount of Each Disbursement this Period 865.20
City ALEXANDRIA	State VA	
Zip Code 22307	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Transaction ID : SB17.I1282
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) C. RAMADA WOLDWIDE		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 542 U.S. 9		Amount of Each Disbursement this Period 521.38
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement MEMO: LODGING	Transaction ID : SB17.I1283
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: LODGING
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2365.20
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 225 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. RENT-A-CENTER		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 39 N. PLANK RD.		Amount of Each Disbursement this Period 343.82
City NEWBURGH	State NY	
Zip Code 12550	Purpose of Disbursement MEMO: FURNITURE	Transaction ID : SB17.I1284
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FURNITURE
State: District: 00		

Full Name (Last, First, Middle Initial) B. DEANNA NATRELLA		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 11 GOLD RD.		Amount of Each Disbursement this Period 1000.00
City STORMVILLE	State NY	
Zip Code 12582	Purpose of Disbursement SALARY	Transaction ID : SB17.I1386
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District: 00		

Full Name (Last, First, Middle Initial) C. MICHAEL NELSON		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 22 JOHN ST.		Amount of Each Disbursement this Period 1145.00
City SAUGERTIES	State NY	
Zip Code 12477	Purpose of Disbursement PHOTOGRAPHY SERVICES	Transaction ID : SB17.I1243
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PHOTOGRAPHY SERVICES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2145.00
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 226 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. DIANNE PAULET			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012	
Mailing Address 163 DREWVILLE ROAD			Amount of Each Disbursement this Period 75.00	
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I1307	
Purpose of Disbursement GRAPHIC DESIGN		Category/ Type	GRAPHIC DESIGN	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B. DIANNE PAULET			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012	
Mailing Address 163 DREWVILLE ROAD			Amount of Each Disbursement this Period 165.00	
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I1516	
Purpose of Disbursement GRAPHIC DESIGN		Category/ Type	GRAPHIC DESIGN	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) C. BRYAN PRATT			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 11 STANLEY COURT			Amount of Each Disbursement this Period 240.00	
City CARMEL	State NY	Zip Code 10512	Transaction ID : SB17.I1379	
Purpose of Disbursement WAGES		Category/ Type	WAGES	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

SUBTOTAL of Disbursements This Page (optional).....	480.00
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 227 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. DIANE PULCHER		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 11 ARBOR COURT		Amount of Each Disbursement this Period 280.00
City WAPPINGER FALLS	State NY	
Zip Code 12590	Purpose of Disbursement WAGES	Transaction ID : SB17.I1380
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	WAGES
State: District: 00		

Full Name (Last, First, Middle Initial) B. C.S. RANAWAT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 535 EAST 70TH ST., STE 637		Amount of Each Disbursement this Period 2650.12
City NEW YORK	State NY	
Zip Code 10021	Purpose of Disbursement EXPENSE REIMBURSEMENT: SEE BELOW	Transaction ID : SB17.I1439
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EXPENSE REIMBURSEMENT: SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) C. UNION CLUB OF NEW YORK		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 101 EAST 69TH STREET		Amount of Each Disbursement this Period 2650.12
City NEW YORK	State NY	
Zip Code 10021	Purpose of Disbursement MEMO: FOOD & BEVERAGE	Transaction ID : SB17.I1440
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FOOD & BEVERAGE
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2930.12
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 228 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. ELIZABETH SABATANO			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 226 LAKE OSIRIS ROAD			Amount of Each Disbursement this Period 8,000.00	
City WALDEN	State NY	Zip Code 12586	Transaction ID : SB17.I1381	
Purpose of Disbursement WAGES		Category/ Type	WAGES	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B. AUDREY STENGER			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 604 ROCKY GLEN			Amount of Each Disbursement this Period 30.00	
City BEACON	State NY	Zip Code 12508	Transaction ID : SB17.I1382	
Purpose of Disbursement WAGES		Category/ Type	WAGES	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) C. AIRNET GROUP INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012	
Mailing Address 801 BROAD ST.			Amount of Each Disbursement this Period 8,500.00	
City CHATTANOOGA	State TN	Zip Code 37402	Transaction ID : SB17.I1397	
Purpose of Disbursement TELEPHONE EQUIPMENT		Category/ Type	TELEPHONE EQUIPMENT	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

SUBTOTAL of Disbursements This Page (optional).....	8630.00
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 229 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. AIRNET GROUP INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 801 BROAD ST.		Amount of Each Disbursement this Period 2284.64
City CHATTANOOGA State TN Zip Code 37402	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name		Transaction ID : SB17.I1478
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type TELEPHONE SERVICE	

Full Name (Last, First, Middle Initial) B. AIRNET GROUP INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 801 BROAD ST.		Amount of Each Disbursement this Period 2100.74
City CHATTANOOGA State TN Zip Code 37402	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name		Transaction ID : SB17.I1531
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type TELEPHONE SERVICE	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS SETTLEMENT		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 7.95
City PHOENIX State AZ Zip Code 85072	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		Transaction ID : SB17.I1334
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type CREDIT CARD PROCESSING FEE	

SUBTOTAL of Disbursements This Page (optional).....	2284.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS SETTLEMENT			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 930.68
City PHOENIX	State AZ	Zip Code 85072	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I1336
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PROCESSING FEE
State: District: 00			

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS SETTLEMENT			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 7.95
City PHOENIX	State AZ	Zip Code 85072	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I1337
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PROCESSING FEE
State: District: 00			

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS SETTLEMENT			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address P.O. BOX 53852			Amount of Each Disbursement this Period 562.35
City PHOENIX	State AZ	Zip Code 85072	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I1343
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD PROCESSING FEE
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	1500.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 231 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 08 / 24 / 2012

Amount of Each Disbursement this Period: 5021.37

Transaction ID : SB17.I1352

CREDIT CARD: SEE BELOW

B. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement MEMO: FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 12 / 2012

Amount of Each Disbursement this Period: 169.60

Transaction ID : SB17.I1356

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

C. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 5055 SEMINARY ROAD, #612

City ALEXANDRIA State VA Zip Code 22311

Purpose of Disbursement MEMO: CAMPAIGN SOFTWARE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 08 / 18 / 2012

Amount of Each Disbursement this Period: 1600.00

Transaction ID : SB17.I1354

[MEMO ITEM]
MEMO: CAMPAIGN SOFTWARE

SUBTOTAL of Disbursements This Page (optional) 5021.37

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 232 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. EMBROIDME

Full Name (Last, First, Middle Initial)
Mailing Address 2586-2600 SOUTH ROAD 37A

City POUGHKEEPSIE State NY Zip Code 12601

Purpose of Disbursement MEMO: CAMPAIGN MATERIALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 11 / 2012

Amount of Each Disbursement this Period: 1016.03

Transaction ID : SB17.I1359

[MEMO ITEM]
MEMO: CAMPAIGN MATERIALS

B. FEDERAL EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS, MODULE G

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement MEMO: SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 08 / 24 / 2012

Amount of Each Disbursement this Period: 174.89

Transaction ID : SB17.I1355

[MEMO ITEM]
MEMO: SHIPPING

C. I.T. XCHANGE

Full Name (Last, First, Middle Initial)
Mailing Address 9241 GLOBE CENTER DR., STE. 100

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement MEMO: COMPUTER EQUIPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 30 / 2012

Amount of Each Disbursement this Period: 338.00

Transaction ID : SB17.I1358

[MEMO ITEM]
MEMO: COMPUTER EQUIPMENT

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 233 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. LOEWS REGENCY HOTEL		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address 540 PARK AVE.		Amount of Each Disbursement this Period 500.00
City NEW YORK	State NY	
Zip Code 10021	Purpose of Disbursement MEMO: FOOD & BEVERAGE	Transaction ID : SB17.I1357
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) B. VOCALOCITY INC.		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 1375 PEACHTREE ST., NE, #175		Amount of Each Disbursement this Period 591.38
City ATLANTA	State GA	
Zip Code 30309	Purpose of Disbursement MEMO: TELEPHONE EQUIPMENT	Transaction ID : SB17.I1360
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: TELEPHONE EQUIPMENT
State: District: 00		

Full Name (Last, First, Middle Initial) C. WIDGETMAKER		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 452.82
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement MEMO: ONLINE FUNDRAISING	Transaction ID : SB17.I1353
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: ONLINE FUNDRAISING
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 234 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 25 / 2012

Amount of Each Disbursement this Period: 6224.03

Transaction ID : SB17.I1403

CREDIT CARD: SEE BELOW

B. AMAZON.COM

Full Name (Last, First, Middle Initial)
Mailing Address 1516 2ND AVE.

City SEATTLE State WA Zip Code 98144

Purpose of Disbursement MEMO: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 09 / 12 / 2012

Amount of Each Disbursement this Period: 159.00

Transaction ID : SB17.I1588

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

C. BILLY JOE'S RIBWORKS

Full Name (Last, First, Middle Initial)
Mailing Address 26 FRONT ST.

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement MEMO: FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 03 / 2012

Amount of Each Disbursement this Period: 2018.00

Transaction ID : SB17.I1404

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional) 6224.03

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 235 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. HOTLINE CREATIONS

Full Name (Last, First, Middle Initial)
Mailing Address 250 BEDFORD LANE

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement MEMO: BANNER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 07 / 2012

Amount of Each Disbursement this Period: 139.11

Transaction ID : SB17.I1589

[MEMO ITEM]
MEMO: BANNER

B. PRE-CYCLE, INC.

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 341

City BREWSTER State NY Zip Code 10509

Purpose of Disbursement MEMO: PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 06 / 2012

Amount of Each Disbursement this Period: 3136.78

Transaction ID : SB17.I1405

[MEMO ITEM]
MEMO: PRINTING

C. SHOPSMART

Full Name (Last, First, Middle Initial)
Mailing Address 1520 FRONT STREET

City YORKTOWN HEIGHTS State NY Zip Code 10598

Purpose of Disbursement MEMO: BUMPER STICKERS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 12 / 2012

Amount of Each Disbursement this Period: 400.06

Transaction ID : SB17.I1407

[MEMO ITEM]
MEMO: BUMPER STICKERS

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 236 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 96.05
City WARWICK	State NY Zip Code 10990	
Purpose of Disbursement MEMO: POSTAGE	Category/Type	Transaction ID : SB17.I1406
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: POSTAGE
State: District: 00		

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2012
Mailing Address 26 W. MERRITT BLVD.		Amount of Each Disbursement this Period 79.75
City FISHKILL	State NY Zip Code 12524	
Purpose of Disbursement MEMO: OFFICE SUPPLIES	Category/Type	Transaction ID : SB17.I1590
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS SETTLEMENT		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 7.95
City PHOENIX	State AZ Zip Code 85072	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	Transaction ID : SB17.I1466
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PROCESSING FEE
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	7.95
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 237 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS SETTLEMENT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 617.66
City PHOENIX	State AZ	
Zip Code 85072	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1587
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PROCESSING FEES
State: District: 00		

Full Name (Last, First, Middle Initial) B. ATLASSTAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 453 ROUTE 9, PO BOX 436		Amount of Each Disbursement this Period 511.04
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement PRINTING & PHOTOCOPIES	Transaction ID : SB17.I1419
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING & PHOTOCOPIES
State: District: 00		

Full Name (Last, First, Middle Initial) C. ATLASSTAR		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 453 ROUTE 9, PO BOX 436		Amount of Each Disbursement this Period 372.40
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement PHOTOCOPYING	Transaction ID : SB17.I1530
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PHOTOCOPYING
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1501.10
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 238 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. BEACON UNITED		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 284 MAIN ST.		Amount of Each Disbursement this Period 950.00
City BEACON	State NY Zip Code 12508	
Purpose of Disbursement RENT	Category/Type	Transaction ID : SB17.I1237
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	RENT
State: District: 00		

Full Name (Last, First, Middle Initial) B. BROWN & WEINRAUB		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 79 COLUMBIA ST.		Amount of Each Disbursement this Period 5000.00
City ALBANY	State NY Zip Code 12210	
Purpose of Disbursement LEGAL SERVICES	Category/Type	Transaction ID : SB17.I1395
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	LEGAL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) C. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2150.74
City ARLINGTON	State VA Zip Code 22206	
Purpose of Disbursement COMPLIANCE SERVICES: SEE BELOW	Category/Type	Transaction ID : SB17.I1238
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPLIANCE SERVICES: SEE BELOW
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	8100.74
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 239 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. BSB SOLUTIONS		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1239
Office Sought: House Senate President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] COMPLIANCE SERVICES

Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 110.24
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement MEMO: DELIVERY SERVICE	
Candidate Name		Transaction ID : SB17.I1240
Office Sought: House Senate President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM] MEMO: DELIVERY SERVICE

Full Name (Last, First, Middle Initial) C. BSB SOLUTIONS		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2019.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1408
Office Sought: House Senate President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	COMPLIANCE SERVICES: SEE BELOW

SUBTOTAL of Disbursements This Page (optional).....	2019.00
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 240 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement MEMO: COMPLIANCE SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.I1581 [MEMO ITEM] MEMO: COMPLIANCE SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 19.00
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement MEMO: DELIVERY	
Candidate Name	Category/Type	Transaction ID : SB17.I1580 [MEMO ITEM] MEMO: DELIVERY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2110.99
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES: SEE BELOW	
Candidate Name	Category/Type	Transaction ID : SB17.I1416 COMPLIANCE SERVICES: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2110.99
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 241 OF 304			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. BSB SOLUTIONS		Date of Disbursement MM / DD / YYYY 08 / 20 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement MEMO: COMPLIANCE SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.I1582
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District: 00		[MEMO ITEM] MEMO: COMPLIANCE SERVICES

Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 110.99
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement MEMO: DELIVERY SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I1583
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District: 00		[MEMO ITEM] MEMO: DELIVERY SERVICE

Full Name (Last, First, Middle Initial) C. BSB SOLUTIONS		Date of Disbursement MM / DD / YYYY 09 / 11 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2100.73
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES: SEE BELOW	
Candidate Name	Category/Type	Transaction ID : SB17.I1479
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District: 00		COMPLIANCE SERVICES: SEE BELOW

SUBTOTAL of Disbursements This Page (optional).....	2100.73
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 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 2000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement MEMO: COMPLIANCE SERVICES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1481 [MEMO ITEM] MEMO: COMPLIANCE SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 3965 AIRWAYS, MODULE G		Amount of Each Disbursement this Period 52.33
City MEMPHIS State TN Zip Code 38116	Purpose of Disbursement MEMO: FEDERAL EXPRESS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1480 [MEMO ITEM] MEMO: FEDERAL EXPRESS
State: District: 00		

Full Name (Last, First, Middle Initial) C. U.S. POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 108 MAIN STREET		Amount of Each Disbursement this Period 48.40
City WARWICK State NY Zip Code 10990	Purpose of Disbursement MEMO: POSTAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1482 [MEMO ITEM] MEMO: POSTAGE
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 243 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 1650.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEBSITE MAINENANCE	
Candidate Name	Category/Type	Transaction ID : SB17.I1296
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	WEBSITE MAINTENANCE	
State: District: 00		

Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 56.88
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement EMAIL SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I1306
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	EMAIL SERVICE	
State: District: 00		

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 11.53
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ONLINE FUNDRAISING SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I1340
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	ONLINE FUNDRAISING SERVICE	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1718.41
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 244 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)
A. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEBSITE MAINTENANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 08 / 20 / 2012

Amount of Each Disbursement this Period: 1650.00

Transaction ID : SB17.I1417

WEBSITE MAINTENANCE

Full Name (Last, First, Middle Initial)
B. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 08 / 30 / 2012

Amount of Each Disbursement this Period: 171.52

Transaction ID : SB17.I1593

CREDIT CARD PROCESSING FEES

Full Name (Last, First, Middle Initial)
C. CAMPAIGN SOLUTIONS

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement ONLINE ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 08 / 30 / 2012

Amount of Each Disbursement this Period: 1873.48

Transaction ID : SB17.I1594

ONLINE ADVERTISING

SUBTOTAL of Disbursements This Page (optional)..... 3695.00

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 245 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 72.83
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CREDIT CARD PROCESSING FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1595
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PROCESSING FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 587.17
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.I1596
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	ONLINE ADVERTISING	
State: District: 00		

Full Name (Last, First, Middle Initial) C. CAPITOL PROMOTIONS INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 249 N. KESWICK AVE., 1ST FL		Amount of Each Disbursement this Period 10640.00
City GLENSIDE State PA Zip Code 19038	Purpose of Disbursement YARD SIGNS	
Candidate Name	Category/Type	Transaction ID : SB17.I1346
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	YARD SIGNS	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	11300.00
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 246 OF 304			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CAPITOL PROMOTIONS INC.			Date of Disbursement <table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>08 / 21 / 2012</td> </tr> </table>	M M / D D / Y Y Y Y	08 / 21 / 2012
M M / D D / Y Y Y Y					
08 / 21 / 2012					
Mailing Address 249 N. KESWICK AVE., 1ST FL			Amount of Each Disbursement this Period <table border="1"> <tr> <td>1430.00</td> </tr> </table>	1430.00	
1430.00					
City GLENSIDE	State PA	Zip Code 19038			
Purpose of Disbursement MAGNETS	Category/ Type		Transaction ID : SB17.I1427		
Candidate Name					
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2012</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For: 2012		<input type="checkbox"/> Senate	<input type="checkbox"/> President
<input type="checkbox"/> House	Disbursement For: 2012				
<input type="checkbox"/> Senate					
<input type="checkbox"/> President					
State: District: 00			MAGNETS		

Full Name (Last, First, Middle Initial) B. CAPITOL PROMOTIONS INC.			Date of Disbursement <table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>09 / 24 / 2012</td> </tr> </table>	M M / D D / Y Y Y Y	09 / 24 / 2012
M M / D D / Y Y Y Y					
09 / 24 / 2012					
Mailing Address 249 N. KESWICK AVE., 1ST FL			Amount of Each Disbursement this Period <table border="1"> <tr> <td>412.74</td> </tr> </table>	412.74	
412.74					
City GLENSIDE	State PA	Zip Code 19038			
Purpose of Disbursement BUMPER STICKERS	Category/ Type		Transaction ID : SB17.I1509		
Candidate Name					
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2012</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For: 2012		<input type="checkbox"/> Senate	<input type="checkbox"/> President
<input type="checkbox"/> House	Disbursement For: 2012				
<input type="checkbox"/> Senate					
<input type="checkbox"/> President					
State: District: 00			BUMPER STICKERS		

Full Name (Last, First, Middle Initial) C. CAPITOL PROMOTIONS INC.			Date of Disbursement <table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>08 / 21 / 2012</td> </tr> </table>	M M / D D / Y Y Y Y	08 / 21 / 2012
M M / D D / Y Y Y Y					
08 / 21 / 2012					
Mailing Address 249 N. KESWICK AVE., 1ST FL			Amount of Each Disbursement this Period <table border="1"> <tr> <td>777.00</td> </tr> </table>	777.00	
777.00					
City GLENSIDE	State PA	Zip Code 19038			
Purpose of Disbursement SIGNS	Category/ Type		Transaction ID : SB17.I1586		
Candidate Name					
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2012</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>	<input type="checkbox"/> House	Disbursement For: 2012		<input type="checkbox"/> Senate	<input type="checkbox"/> President
<input type="checkbox"/> House	Disbursement For: 2012				
<input type="checkbox"/> Senate					
<input type="checkbox"/> President					
State: District: 00			SIGNS		

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>2619.74</td> </tr> </table>	2619.74
2619.74		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CENTRAL HUDSON GAS & ELECTRIC CORPORATION			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 284 SOUTH AVENUE			Amount of Each Disbursement this Period 610.00
City POUGHKEEPSIE	State NY	Zip Code 12601	
Purpose of Disbursement UTILITIES		Category/ Type	Transaction ID : SB17.I1297
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		UTILITIES
State: District: 00			

Full Name (Last, First, Middle Initial) B. CHASE PRESS			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address 1520 FRONT ST.			Amount of Each Disbursement this Period 875.81
City YORKTOWN HEIGHTS	State NY	Zip Code 10598	
Purpose of Disbursement PALM CARDS		Category/ Type	Transaction ID : SB17.I1368
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		PALM CARDS
State: District: 00			

Full Name (Last, First, Middle Initial) C. CHESTER PRINTING			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address 7 PROSPECT STREET			Amount of Each Disbursement this Period 4819.13
City MIDDLETOWN	State NY	Zip Code 10940	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : SB17.I1498
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		PRINTING
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	6304.94
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 248 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CHRISTOS RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address 155 WILBUR BLVD.		Amount of Each Disbursement this Period 5040.00
City POUGHKEEPSIE	State NY	
Zip Code 12603	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1512
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) B. CIARDULLO PRINTING INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 92 WEST MAIN STREET		Amount of Each Disbursement this Period 298.18
City WALDEN	State NY	
Zip Code 12586	Purpose of Disbursement PRINTING	Transaction ID : SB17.I1529
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING
State: District: 00		

Full Name (Last, First, Middle Initial) C. CREATIVE DIRECT LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address THE REAGAN BLDG, 25 E. MAIN ST.		Amount of Each Disbursement this Period 5474.00
City RICHMOND	State VA	
Zip Code 23219	Purpose of Disbursement DIRECT MAIL	Transaction ID : SB17.I1369
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	DIRECT MAIL
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	10812.18
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 249 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CREATIVE DIRECT LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address THE REAGAN BLDG, 25 E. MAIN ST.			Amount of Each Disbursement this Period 3974.00
City RICHMOND	State VA	Zip Code 23219	
Purpose of Disbursement DIRECT MAIL SERVICES		Category/ Type	Transaction ID : SB17.I1420
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		DIRECT MAIL SERVICES
State: District: 00			

Full Name (Last, First, Middle Initial) B. CREATIVE DIRECT LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address THE REAGAN BLDG, 25 E. MAIN ST.			Amount of Each Disbursement this Period 4374.00
City RICHMOND	State VA	Zip Code 23219	
Purpose of Disbursement DIRECT MAIL		Category/ Type	Transaction ID : SB17.I1483
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		DIRECT MAIL
State: District: 00			

Full Name (Last, First, Middle Initial) C. DIRECT STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 1851 N. SCOTT ST, STE 361			Amount of Each Disbursement this Period 500.00
City ARLINGTON	State VA	Zip Code 22209	
Purpose of Disbursement GRAPHIC DESIGN		Category/ Type	Transaction ID : SB17.I1241
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		GRAPHIC DESIGN
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	8848.00
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 250 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. EDONATIONS.COM		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 117 N. SAINT ASAPH STREET		Amount of Each Disbursement this Period 45.92
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement ONLINE FUNDRAISING	Transaction ID : SB17.I1273
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	ONLINE FUNDRAISING
State: District: 00		

Full Name (Last, First, Middle Initial) B. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 7201.87
City MAMARONECK	State NY	
Zip Code 10543	Purpose of Disbursement DIRECT MAIL SERVICES	Transaction ID : SB17.I1291
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	DIRECT MAIL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) C. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 33499.17
City MAMARONECK	State NY	
Zip Code 10543	Purpose of Disbursement DIRECT MAIL SERVICES	Transaction ID : SB17.I1326
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	DIRECT MAIL SERVICES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	40746.96
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 251 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 708.06
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement ENVELOPES	
Candidate Name		Transaction ID : SB17.I1370
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	ENVELOPES

Full Name (Last, First, Middle Initial) B. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 33927.49
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL SERVICES	
Candidate Name		Transaction ID : SB17.I1431
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	DIRECT MAIL SERVICES

Full Name (Last, First, Middle Initial) C. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 21137.67
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1433
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional).....	55773.22
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 252 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 19963.84
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1473
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

Full Name (Last, First, Middle Initial) B. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 19963.84
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1477
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

Full Name (Last, First, Middle Initial) C. EXECUTIVE STAR		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address 180 E. PROSPECT AVENUE		Amount of Each Disbursement this Period 21137.67
City MAMARONECK State NY Zip Code 10543	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Transaction ID : SB17.I1484
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type DIRECT MAIL	

SUBTOTAL of Disbursements This Page (optional).....	61065.35
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 304			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. EXECUTIVE STAR			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012		
Mailing Address 180 E. PROSPECT AVENUE			Amount of Each Disbursement this Period 33494.89		
City MAMARONECK	State NY	Zip Code 10543	Transaction ID : SB17.I1499		
Purpose of Disbursement DIRECT MAIL		Category/ Type			
Candidate Name		DIRECT MAIL			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) B. EXECUTIVE STAR			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012		
Mailing Address 180 E. PROSPECT AVENUE			Amount of Each Disbursement this Period 13963.65		
City MAMARONECK	State NY	Zip Code 10543	Transaction ID : SB17.I1501		
Purpose of Disbursement DIRECT MAIL		Category/ Type			
Candidate Name		DIRECT MAIL			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) C. EXECUTIVE STAR			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2012		
Mailing Address 180 E. PROSPECT AVENUE			Amount of Each Disbursement this Period 33499.17		
City MAMARONECK	State NY	Zip Code 10543	Transaction ID : SB17.I1534		
Purpose of Disbursement DIRECT MAIL		Category/ Type			
Candidate Name		DIRECT MAIL			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

SUBTOTAL of Disbursements This Page (optional).....	80957.71
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 254 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. HOTLINE CREATIONS		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 250 BEDFORD LANE		Amount of Each Disbursement this Period 359.41
City FISHKILL	State NY Zip Code 12524	
Purpose of Disbursement LAPEL STICKERS	Category/Type	Transaction ID : SB17.I1347
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	LAPEL STICKERS
State: District: 00		

Full Name (Last, First, Middle Initial) B. INTERSTATE WASTE SERVICES		Date of Disbursement MM / DD / YYYY 09 / 24 / 2012
Mailing Address P.O. BOX 553913		Amount of Each Disbursement this Period 60.83
City DETROIT	State MI Zip Code 48255	
Purpose of Disbursement TRASH SERVICE	Category/Type	Transaction ID : SB17.I1511
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	TRASH SERVICE
State: District: 00		

Full Name (Last, First, Middle Initial) C. JAMESTOWN ASSOCIATES		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 25000.00
City PRINCETON	State NJ Zip Code 08540	
Purpose of Disbursement MEDIA CONSULTING	Category/Type	Transaction ID : SB17.I1242
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEDIA CONSULTING
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	25420.24
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 255 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 3750.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name		Transaction ID : SB17.I1281
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MEDIA PRODUCTION	

Full Name (Last, First, Middle Initial) B. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 55451.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name		Transaction ID : SB17.I1289
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MEDIA	

Full Name (Last, First, Middle Initial) C. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 59053.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name		Transaction ID : SB17.I1331
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type MEDIA	

SUBTOTAL of Disbursements This Page (optional).....	118254.00
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 256 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 169545.98 Transaction ID : SB17.I1341
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	MEDIA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) B. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.I1349
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA CONSULTING	
Candidate Name	Category/Type	MEDIA CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) C. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 98037.98 Transaction ID : SB17.I1394
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	MEDIA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	169545.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 257 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 7,510.00 Transaction ID : SB17.I1399
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	MEDIA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) B. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.I1432
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA CONSULTING	
Candidate Name	Category/Type	MEDIA CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) C. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 7510.00 Transaction ID : SB17.I1436
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	MEDIA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	76853.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 304			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JAMESTOWN ASSOCIATES			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300			Amount of Each Disbursement this Period 27477.62
City PRINCETON	State NJ	Zip Code 08540	
Purpose of Disbursement MEDIA	Candidate Name		Transaction ID : SB17.I1471
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		MEDIA

Full Name (Last, First, Middle Initial) B. JAMESTOWN ASSOCIATES			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300			Amount of Each Disbursement this Period 7210.00
City PRINCETON	State NJ	Zip Code 08540	
Purpose of Disbursement MEDIA	Candidate Name		Transaction ID : SB17.I1476
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		MEDIA

Full Name (Last, First, Middle Initial) C. JAMESTOWN ASSOCIATES			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300			Amount of Each Disbursement this Period 10268.75
City PRINCETON	State NJ	Zip Code 08540	
Purpose of Disbursement MEDIA	Candidate Name		Transaction ID : SB17.I1486
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		MEDIA

SUBTOTAL of Disbursements This Page (optional).....	44956.37
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 120966.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	Transaction ID : SB17.I1504
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	MEDIA
State: District: 00		

Full Name (Last, First, Middle Initial) B. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 10000.00
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA CONSULTING	Transaction ID : SB17.I1528
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	MEDIA CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) C. JAMESTOWN ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2012
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 135968.52
City PRINCETON State NJ Zip Code 08540	Purpose of Disbursement MEDIA	Transaction ID : SB17.I1537
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	MEDIA
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	266934.52
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 260 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JIVE COMMUNICATIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 3214 N. UNIVERSITY AVE., #610		Amount of Each Disbursement this Period 485.85
City PROVO State UT Zip Code 84604	Purpose of Disbursement TELEPHONE SERVICES	Transaction ID : SB17.I1292
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) B. MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period 1444.22
City KNOXVILLE State TN Zip Code 37920	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1335
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PROCESSING FEES
State: District: 00		

Full Name (Last, First, Middle Initial) C. MERCHANT SERVICES		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 7300 CHAPMAN HIGHWAY		Amount of Each Disbursement this Period 481.59
City KNOXVILLE State TN Zip Code 37920	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I1339
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PROCESSING FEES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2411.66
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 261 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)
A. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 09 / 04 / 2012

Amount of Each Disbursement this Period: 371.24

Transaction ID : SB17.I1467

CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial)
B. MID-HUDSON NEWS NETWORK

Mailing Address 42 MARCY LANE

City MIDDLETOWN State NY Zip Code 10941

Purpose of Disbursement ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 09 / 25 / 2012

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.I1515

ADVERTISING

Full Name (Last, First, Middle Initial)
C. MIXTURE OF MONTGOMERY

Mailing Address 6 UNION ST.

City MONTGOMERY State NY Zip Code 12549

Purpose of Disbursement T-SHIRTS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 09 / 25 / 2012

Amount of Each Disbursement this Period: 808.23

Transaction ID : SB17.I1527

T-SHIRTS

SUBTOTAL of Disbursements This Page (optional)..... 2179.47

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 262 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. NATL. REPUBLICAN CONGRESSIONAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 320 FIRST STREET			Amount of Each Disbursement this Period 1315.22
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement REIMBURSEMENT: TRAVEL COSTS		Candidate Name	Transaction ID : SB17.I1348
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type	REIMBURSEMENT: TRAVEL COSTS
State: _____	District: 00		

Full Name (Last, First, Middle Initial) B. NEW YORK STATE UNEMPLOYMENT INSURANCE			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. BOX 4301			Amount of Each Disbursement this Period 36.11
City BINGHAMTON	State NY	Zip Code 13902	
Purpose of Disbursement UNEMPLOYMENT INSURANCE		Candidate Name	Transaction ID : SB17.I1308
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type	UNEMPLOYMENT INSURANCE
State: _____	District: 00		

Full Name (Last, First, Middle Initial) C. OPTIMUM BUSINESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 6 CORPORATE CENTER DRIVE			Amount of Each Disbursement this Period 144.31
City MELVILLE	State NY	Zip Code 11747	
Purpose of Disbursement TELEPHONE & TELECOM SERVICES		Candidate Name	Transaction ID : SB17.I1351
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type	TELEPHONE & TELECOM SERVICES
State: _____	District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1495.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 263 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. OPTIMUM BUSINESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 6 CORPORATE CENTER DRIVE		Amount of Each Disbursement this Period 288.62
City MELVILLE State NY Zip Code 11747	Purpose of Disbursement TELEPHONE & TELECOM SERVICES	Transaction ID : SB17.I1421
Candidate Name	Category/Type	TELEPHONE & TELECOM SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. PAGONES-O'NEILL INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 355 MAIN ST.		Amount of Each Disbursement this Period 519.00
City BEACON State NY Zip Code 12508	Purpose of Disbursement SECURITY	Transaction ID : SB17.I1409
Candidate Name	Category/Type	SECURITY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. PATCH		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 4 CHASE METROTECH CENTER, 7TH FL E		Amount of Each Disbursement this Period 775.28
City BROOKLYN State NY Zip Code 11245	Purpose of Disbursement VIDEO DISTRIBUTION	Transaction ID : SB17.I1452
Candidate Name	Category/Type	VIDEO DISTRIBUTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	1582.90
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 264 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PATCH		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 4 CHASE METROTECH CENTER, 7TH FL E		Amount of Each Disbursement this Period 750.27
City BROOKLYN	State NY	
Zip Code 11245	Purpose of Disbursement VIDEO DISTRIBUTION	Transaction ID : SB17.I1532
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	VIDEO DISTRIBUTION
State: District: 00		

Full Name (Last, First, Middle Initial) B. PATTON BOGGS, LLP		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address 2550 M STREET, NW		Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC	
Zip Code 20037	Purpose of Disbursement LEGAL SERVICES	Transaction ID : SB17.I1514
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	LEGAL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 59.79
City FISHKILL	State NY	
Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1300
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	5810.06
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 265 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 364.66
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1304
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PAYROLL TAXES	

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 108.29
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name		Transaction ID : SB17.I1312
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PAYROLL SERVICES	

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 1179.63
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1319
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PAYROLL TAXES	

SUBTOTAL of Disbursements This Page (optional).....	1652.58
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 266 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 118.21
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name		Transaction ID : SB17.I1338
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PAYROLL SERVICES	

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 824.47
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1384
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PAYROLL TAXES	

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 53.36
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name		Transaction ID : SB17.I1387
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type PAYROLL SERVICES	

SUBTOTAL of Disbursements This Page (optional).....	996.04
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 267 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 1030.91
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1392
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	PAYROLL TAXES

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 60.19
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name		Transaction ID : SB17.I1393
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	PAYROLL SERVICES

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 878.93
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1449
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional).....	1970.03
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 268 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 300 WESTAGE BUS. CENTER, STE 130		Amount of Each Disbursement this Period 240.19 Transaction ID : SB17.I1450
City FISHKILL State NY Zip Code 12524	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name	Category/Type	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) B. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 59.79 Transaction ID : SB17.I1488
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	
Candidate Name	Category/Type	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) C. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 75.20 Transaction ID : SB17.I1491
City ROCHESTER State NY Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	240.19
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 269 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 694.79
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1492
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES
State: District: 00		

Full Name (Last, First, Middle Initial) B. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 60.19
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL SERVICES	Transaction ID : SB17.I1497
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) C. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 304.32
City ROCHESTER	State NY	
Zip Code 14625	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1505
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1059.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 270 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. PAYCHEX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 911 PANORAMA TRAIL, S.		Amount of Each Disbursement this Period 60.19
City ROCHESTER State NY Zip Code 14625	Transaction ID : SB17.I1506	
Purpose of Disbursement PAYROLL SERVICES		Category/ Type PAYROLL SERVICES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. PERSONNEL CONCEPTS		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address PO BOX 3353		Amount of Each Disbursement this Period 25.85
City SAN DIMAS State CA Zip Code 91773	Transaction ID : SB17.I1441	
Purpose of Disbursement OFFICE COMPLIANCE SUPPLIES		Category/ Type OFFICE COMPLIANCE SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. POLAND SPRING DIRECT		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address #215, 6661 DIXIE HWY, STE. 4		Amount of Each Disbursement this Period 47.44
City LOUISVILLE State KY Zip Code 40258	Transaction ID : SB17.I1244	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type OFFICE SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	133.44
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 271 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

A. POLAND SPRING DIRECT

Full Name (Last, First, Middle Initial)
Mailing Address #215, 6661 DIXIE HWY, STE. 4

City LOUISVILLE State KY Zip Code 40258

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 08 / 21 / 2012

Amount of Each Disbursement this Period: 65.99

Transaction ID : SB17.I1422

Category/Type: OFFICE SUPPLIES

B. POLAND SPRING DIRECT

Full Name (Last, First, Middle Initial)
Mailing Address #215, 6661 DIXIE HWY, STE. 4

City LOUISVILLE State KY Zip Code 40258

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 09 / 26 / 2012

Amount of Each Disbursement this Period: 40.73

Transaction ID : SB17.I1526

Category/Type: OFFICE SUPPLIES

C. PREFERRED MUTUAL INSURANCE COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 888

City NORWICH State NY Zip Code 13815

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 20 / 2012

Amount of Each Disbursement this Period: 315.23

Transaction ID : SB17.I1333

Category/Type: INSURANCE

SUBTOTAL of Disbursements This Page (optional) 421.95

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 272 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. RCCC LLC		Date of Disbursement MM / DD / YYYY 07 / 10 / 2012
Mailing Address 247 FARRAGUT AVE.		Amount of Each Disbursement this Period 499.00
City HASTINGS ON HUDSON	State NY	
Zip Code 10706	Purpose of Disbursement VOTER FILE MAINTENANCE	Transaction ID : SB17.I1293
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	VOTER FILE MAINTENANCE
State: District: 00		

Full Name (Last, First, Middle Initial) B. RCCC LLC		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 247 FARRAGUT AVE.		Amount of Each Disbursement this Period 500.00
City HASTINGS ON HUDSON	State NY	
Zip Code 10706	Purpose of Disbursement VOTER FILE MAINTENANCE	Transaction ID : SB17.I1345
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	VOTER FILE MAINTENANCE
State: District: 00		

Full Name (Last, First, Middle Initial) C. RED PILLAR CONSULTING LLC		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address P.O. BOX 172		Amount of Each Disbursement this Period 3500.00
City WARWICK	State NY	
Zip Code 10990	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	Transaction ID : SB17.I1305
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	GENERAL CAMPAIGN CONSULTING
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	4499.00
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 273 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. RED PILLAR CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address P.O. BOX 172		Amount of Each Disbursement this Period 3500.00
City WARWICK	State NY	
Zip Code 10990	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	Transaction ID : SB17.I1472
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	GENERAL CAMPAIGN CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) B. RED PILLAR CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address P.O. BOX 172		Amount of Each Disbursement this Period 3500.00
City WARWICK	State NY	
Zip Code 10990	Purpose of Disbursement GENERAL CAMPAIGN CONSULTING	Transaction ID : SB17.I1523
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	GENERAL CAMPAIGN CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) C. ROYAL CARTING SERVICE CO.		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address P.O. BOX 1209		Amount of Each Disbursement this Period 61.56
City HOPEWELL JUNCTION	State NY	
Zip Code 12533	Purpose of Disbursement RECYCLING SERVICE	Transaction ID : SB17.I1410
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	RECYCLING SERVICE
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	7061.56
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 274 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. ROYAL CARTING SERVICE CO.			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address P.O. BOX 1209			Amount of Each Disbursement this Period 61.56
City HOPEWELL JUNCTION	State NY	Zip Code 12533	
Purpose of Disbursement RECYCLING SERVICES	Candidate Name		Transaction ID : SB17.I1423
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		RECYCLING SERVICES

Full Name (Last, First, Middle Initial) B. ROYAL CARTING SERVICE CO.			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address P.O. BOX 1209			Amount of Each Disbursement this Period 64.56
City HOPEWELL JUNCTION	State NY	Zip Code 12533	
Purpose of Disbursement RECYCLING SERVICES	Candidate Name		Transaction ID : SB17.I1524
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		RECYCLING SERVICES

Full Name (Last, First, Middle Initial) C. SEELY & DURLAND INSURANCE, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 13 OAKLAND AVENUE			Amount of Each Disbursement this Period 928.50
City WARWICK	State NY	Zip Code 10990	
Purpose of Disbursement INSURANCE	Candidate Name		Transaction ID : SB17.I1424
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00	Category/Type		INSURANCE

SUBTOTAL of Disbursements This Page (optional).....	1054.62
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 275 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. STEVE'S DELI & CATERING		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address 87 MAIN STREET		Amount of Each Disbursement this Period 120.00
City GOSHEN	State NY	
Zip Code 10924	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1510
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) B. TD BANK		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE	State NH	
Zip Code 03431	Purpose of Disbursement BANK FEES	Transaction ID : SB17.I1324
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES
State: District: 00		

Full Name (Last, First, Middle Initial) C. TD BANK		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE	State NH	
Zip Code 03431	Purpose of Disbursement BANK FEES	Transaction ID : SB17.I1575
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	170.00
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 276 OF 304			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. TD BANK		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address P.O. BOX 746		Amount of Each Disbursement this Period 25.00
City KEENE	State NH	
Zip Code 03431	Purpose of Disbursement BANK FEES	Transaction ID : SB17.I1576
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES
State: District: 00		

Full Name (Last, First, Middle Initial) B. TERRA ECLIPSE		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 9043 SOQUEL DR.		Amount of Each Disbursement this Period 2225.48
City APTOS	State CA	
Zip Code 95003	Purpose of Disbursement MEDIA MARKETING SERVICES	Transaction ID : SB17.I1425
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEDIA MARKETING SERVICES
State: District: 00		

Full Name (Last, First, Middle Initial) C. TERRA ECLIPSE		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 9043 SOQUEL DR.		Amount of Each Disbursement this Period 3500.00
City APTOS	State CA	
Zip Code 95003	Purpose of Disbursement MEDIA MARKETING SERVICES	Transaction ID : SB17.I1453
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEDIA MARKETING SERVICES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	5750.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 277 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. THE GOSHEN GOURMET CAFE		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 14 W. MAIN STREET		Amount of Each Disbursement this Period 378.44
City GOSHEN	State NY	
Zip Code 10924	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1371
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FOOD & BEVERAGE
State: District: 00		

Full Name (Last, First, Middle Initial) B. THE HALLISEY GROUP		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 7500.00
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I1236
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) C. THE HALLISEY GROUP		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 30879.74
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I1350
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	38758.18
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 278 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. THE HALLISEY GROUP		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 7500.00
City NEW YORK State NY Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.I1434
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type FUNDRAISING CONSULTING	

Full Name (Last, First, Middle Initial) B. THE HALLISEY GROUP		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 38 E. 85TH STREET, #5E		Amount of Each Disbursement this Period 7500.00
City NEW YORK State NY Zip Code 10028	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.I1525
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type FUNDRAISING CONSULTING	

Full Name (Last, First, Middle Initial) C. THE MANAGEMENT COMPANIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 78 NORTH STATE ROAD		Amount of Each Disbursement this Period 1485.43
City BRIARCLIFF MANOR State NY Zip Code 10510	Purpose of Disbursement RENT: SEE BELOW	
Candidate Name		Transaction ID : SB17.I1245
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type RENT: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional).....	16485.43
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 279 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CENTRAL HUDSON GAS & ELECTRIC CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 284 SOUTH AVENUE		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1247
City POUGHKEEPSIE	State NY	
Zip Code 12601	Purpose of Disbursement UTILITIES	[MEMO ITEM] UTILITIES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. THE MANAGEMENT COMPANIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 78 NORTH STATE ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1246
City BRIARCLIFF MANOR	State NY	
Zip Code 10510	Purpose of Disbursement RENT	[MEMO ITEM] RENT
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. THE MANAGEMENT COMPANIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 78 NORTH STATE ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I1294
City BRIARCLIFF MANOR	State NY	
Zip Code 10510	Purpose of Disbursement RENT	RENT
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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 280 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)
A. THE MANAGEMENT COMPANIES

Mailing Address **78 NORTH STATE ROAD**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

Purpose of Disbursement
RENT: SEE BELOW

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **08 / 24 / 2012**

Amount of Each Disbursement this Period: **1263.67**

Transaction ID : **SB17.I1364**

RENT: SEE BELOW

Full Name (Last, First, Middle Initial)
B. CENTRAL HUDSON GAS & ELECTRIC CORPORATION

Mailing Address **284 SOUTH AVENUE**

City **POUGHKEEPSIE** State **NY** Zip Code **12601**

Purpose of Disbursement
MEMO: UTILITIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **08 / 24 / 2012**

Amount of Each Disbursement this Period: **263.67**

Transaction ID : **SB17.I1585**

[MEMO ITEM]
MEMO: UTILITIES

Full Name (Last, First, Middle Initial)
C. THE MANAGEMENT COMPANIES

Mailing Address **78 NORTH STATE ROAD**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

Purpose of Disbursement
MEMO: RENT

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **08 / 24 / 2012**

Amount of Each Disbursement this Period: **1000.00**

Transaction ID : **SB17.I1584**

[MEMO ITEM]
MEMO: RENT

SUBTOTAL of Disbursements This Page (optional) **1263.67**

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 304			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial)
A. THE MANAGEMENT COMPANIES

Mailing Address **78 NORTH STATE ROAD**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

Purpose of Disbursement **RENT**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **09 / 06 / 2012**

Amount of Each Disbursement this Period: **1000.00**

Transaction ID : **SB17.I1454**

Category/Type: **RENT**

Full Name (Last, First, Middle Initial)
B. THE SPENCER DANIELS AGENCY INC.

Mailing Address **P.O. BOX 692**

City **GLEN WILD** State **NY** Zip Code **12738**

Purpose of Disbursement **EQUIPMENT RENTAL**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **07 / 02 / 2012**

Amount of Each Disbursement this Period: **2780.00**

Transaction ID : **SB17.I1248**

Category/Type: **EQUIPMENT RENTAL**

Full Name (Last, First, Middle Initial)
C. THE TARRANCE GROUP, INC.

Mailing Address **201 N. UNION STREET, #410**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement **POLLING**

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District: **00**

Date of Disbursement: **08 / 23 / 2012**

Amount of Each Disbursement this Period: **11459.00**

Transaction ID : **SB17.I1365**

Category/Type: **POLLING**

SUBTOTAL of Disbursements This Page (optional)..... **15239.00**

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 282 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. THE TARRANCE GROUP, INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012	
Mailing Address 201 N. UNION STREET, #410			Amount of Each Disbursement this Period 7390.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.I1513	
Purpose of Disbursement POLLING		Category/ Type	POLLING	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B. THE TOWNSEND GROUP			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012	
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 11818.78	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.I1249	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	FUNDRAISING CONSULTING	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) C. THE TOWNSEND GROUP			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012	
Mailing Address 1006 PENDLETON STREET			Amount of Each Disbursement this Period 8418.94	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.I1366	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	FUNDRAISING CONSULTING	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

SUBTOTAL of Disbursements This Page (optional).....	27627.72
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 283 OF 304			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. THE TOWNSEND GROUP		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2012
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 10969.60
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.I1418
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	FUNDRAISING CONSULTING

Full Name (Last, First, Middle Initial) B. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address P.O. BOX 15124		Amount of Each Disbursement this Period 391.69
City ALBANY State NY Zip Code 12212	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name		Transaction ID : SB17.I1426
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	TELEPHONE SERVICE

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. BOX 4003		Amount of Each Disbursement this Period 321.89
City ACWORTH State GA Zip Code 30101	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name		Transaction ID : SB17.I1309
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional).....	11683.18
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 284 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2012
Mailing Address P.O. BOX 4003		Amount of Each Disbursement this Period 249.81
City ACWORTH	State GA	
Zip Code 30101	Purpose of Disbursement TELEPHONE SERVICE	Transaction ID : SB17.I1522
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE SERVICE
State: District: 00		

Full Name (Last, First, Middle Initial) B. W.B. MASON CO. INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 16.74
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1310
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) C. W.B. MASON CO. INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 188.27
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1367
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	454.82
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 285 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. W.B. MASON CO. INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 567.63
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1411
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) B. W.B. MASON CO. INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 75.53
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1412
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) C. W.B. MASON CO. INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 131.60
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1413
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	774.76
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 286 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. W.B. MASON CO. INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 149.98
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1455
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) B. W.B. MASON CO. INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 230.22
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1520
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

Full Name (Last, First, Middle Initial) C. W.B. MASON CO. INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address P.O. BOX 111		Amount of Each Disbursement this Period 340.59
City BROCKTON	State MA	
Zip Code 02303	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1521
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	720.79
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 287 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1290
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1330
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1332
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	90.00
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 288 OF 304			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1342
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1396
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1398
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	90.00
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 289 OF 304			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1400
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1402
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1437
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	90.00
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 290 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 60.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1463
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1464
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 60.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1465
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

SUBTOTAL of Disbursements This Page (optional).....	150.00
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 291 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1468
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1469
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name		Transaction ID : SB17.I1470
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	BANK FEES

SUBTOTAL of Disbursements This Page (optional).....	90.00
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 292 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1485
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1487
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1500
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	90.00
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 293 OF 304			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 60.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	Transaction ID : SB17.I1502
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES
State: District: 00		

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	Transaction ID : SB17.I1503
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES
State: District: 00		

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 30.00
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	Transaction ID : SB17.I1535
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	120.00
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 294 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 238.16
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1536
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 41 S. MOGER AVENUE		Amount of Each Disbursement this Period 20.25
City MOUNT KISCO State NY Zip Code 10549	Purpose of Disbursement BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I1573
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEES	
State: District: 00		

Full Name (Last, First, Middle Initial) C. WEST HILLS COUNTRY CLUB		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 121 GOLF LINKS ROAD		Amount of Each Disbursement this Period 187.91
City MIDDLETOWN State NY Zip Code 10940	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1295
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FOOD & BEVERAGE	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	238.16
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 295 OF 304	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. AGSH&F CIVIC ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2012
Mailing Address 1333 NEW HAMPSHIRE AVE., NW		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20036-1500	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.7252
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND: FUNDRAISING CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) B. DEPOSITORY TRUST & CLEARING CORP.		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 601 13TH ST., NW, STE. 580 SOUTH		Amount of Each Disbursement this Period 650.00
City WASHINGTON State DC Zip Code 20005-3807	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.7253
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND: FUNDRAISING CONSULTING
State: District: 00		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	1267071.56

**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 296 OF 304	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. JOHN BURIGO		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 107 SPINNAKER LANE		Amount of Each Disbursement this Period 250.00
City JUPITER	State FL	
Zip Code 33477	Purpose of Disbursement REFUNDED CONTRIBUTION	Transaction ID : SB20A.I1599
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUNDED CONTRIBUTION
State: District: 00		

Full Name (Last, First, Middle Initial) B. CRAIG DICKMAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 9911 SCOTCH BROOM CT.		Amount of Each Disbursement this Period 100.00
City POTOMAC	State MD	
Zip Code 20854	Purpose of Disbursement REFUNDED CONTRIBUTION	Transaction ID : SB20A.I1598
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUNDED CONTRIBUTION
State: District: 00		

Full Name (Last, First, Middle Initial) C. THOMAS KAY		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 255 HARTFORD ROAD		Amount of Each Disbursement this Period 100.00
City MEDFORD	State NJ	
Zip Code 08055	Purpose of Disbursement REFUNDED CONTRIBUTION	Transaction ID : SB20A.I1597
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUNDED CONTRIBUTION
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	450.00
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 297 OF 304	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. CAROLE E. KLANG		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 800 5TH AVE., #20-F		Amount of Each Disbursement this Period 2500.00
City NEW YORK State NY Zip Code 10065	Purpose of Disbursement REFUND - OVER LIMIT	Transaction ID : SB20A.I1254
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUND - OVER LIMIT
State: District: 00		

Full Name (Last, First, Middle Initial) B. MELISSA KOHL		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 279 HAWLEY ROAD		Amount of Each Disbursement this Period 264.00
City NORTH SALEM State NY Zip Code 10560	Purpose of Disbursement REFUND - OVER LIMIT	Transaction ID : SB20A.I1276
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUND - OVER LIMIT
State: District: 00		

Full Name (Last, First, Middle Initial) C. THOMAS MOORE		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 1200 BAYHILL DRIVE		Amount of Each Disbursement this Period 2500.00
City SAN BRUNO State CA Zip Code 94066	Purpose of Disbursement REFUNDED CONTRIBUTION	Transaction ID : SB20A.I1603
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUNDED CONTRIBUTION
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	5264.00
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 298 OF 304			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. THOMAS MOORE			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012	
Mailing Address 1200 BAYHILL DRIVE			Amount of Each Disbursement this Period 2500.00	
City SAN BRUNO	State CA	Zip Code 94066	Transaction ID : SB20A.I1604	
Purpose of Disbursement REFUNDED CONTRIBUTION		Category/ Type	REFUNDED CONTRIBUTION	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B. DEBORAH REDD			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012	
Mailing Address 106 TARKS LANE			Amount of Each Disbursement this Period 100.00	
City SEVERNA PARK	State MD	Zip Code 21146	Transaction ID : SB20A.I1601	
Purpose of Disbursement REFUNDED CONTRIBUTION		Category/ Type	REFUNDED CONTRIBUTION	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) C. STEPHEN SCHAIBLE			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012	
Mailing Address 1016 5TH AVE., #10D			Amount of Each Disbursement this Period 500.00	
City NEW YORK	State NY	Zip Code 10028	Transaction ID : SB20A.I1344	
Purpose of Disbursement REFUND - OVER LIMIT		Category/ Type	REFUND - OVER LIMIT	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

SUBTOTAL of Disbursements This Page (optional).....	3100.00
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 299 OF 304			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Full Name (Last, First, Middle Initial) A. GAURANG TRIVEDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 131 SPRING STREET		Amount of Each Disbursement this Period 2500.00
City SOUTH SALEM	State NY	
Zip Code 10590	Purpose of Disbursement REFUND - OVER LIMIT	Transaction ID : SB20A.I1278
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUND - OVER LIMIT
State: District: 00		

Full Name (Last, First, Middle Initial) B. ANDREW VILLA		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 1950 W. FRYE ROAD		Amount of Each Disbursement this Period 100.00
City CHANDLER	State AZ	
Zip Code 85224	Purpose of Disbursement REFUNDED CONTRIBUTION	Transaction ID : SB20A.I1602
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUNDED CONTRIBUTION
State: District: 00		

Full Name (Last, First, Middle Initial) C. JAVIER VIZOSO		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 1114 HARDEE ROAD		Amount of Each Disbursement this Period 150.00
City CORAL GABLES	State FL	
Zip Code 33146	Purpose of Disbursement REFUNDED CONTRIBUTION	Transaction ID : SB20A.I1600
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUNDED CONTRIBUTION
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	11564.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC 14
Friends of Nan Hayworth

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRIMARY 2010
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	0.00	110000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 26 / 2009	12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="110000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 15**

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2010 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼ PRIMARY 2010
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2009	12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	40000.00
TOTALS This Period (last page in this line only).....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form 3)
LOANS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 16

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼
PRIMARY 2010

Mailing Address
P.O. Box 189

City State ZIP Code
Mount Kisco NY 10549

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 12 / D 31 / Y 2009
Date Due: M / D / Y 12/31/2012
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 100000.00
TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Nan Hayworth

Transaction ID : SC 28

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nan Hayworth

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼
GENERAL 2010

Mailing Address
P.O. Box 189

City State ZIP Code
Mount Kisco NY 10549

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150000.00 0.00 150000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 31 / Y 2010 M M / D D / Y 12/31/2012 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 150000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Friends of Nan Hayworth** Transaction ID : **SC 30**

LOAN SOURCE Full Name (Last, First, Middle Initial) Nan Hayworth	[PERSONAL FUNDS]	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ GENERAL 2010
Mailing Address P.O. Box 189		

City	State	ZIP Code
Mount Kisco	NY	10549

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2010	12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	100000.00
TOTALS This Period (last page in this line only).....	500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.