

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
**Faso for Congress**

ADDRESS (number and street) PO Box 448  
 Check if different than previously reported. (ACC) Kinderhook NY 12106-0448

2. **FEC IDENTIFICATION NUMBER** ▼ C00580415 CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) STATE ▼ DISTRICT  
NY 19

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
10 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Laura Schwartz  
Signature of Treasurer Laura Schwartz *[Electronically Filed]* Date M M / D D / Y Y Y Y  
01 / 29 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Faso for Congress**

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))....	233682.79	858429.48
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	233682.79	858429.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	163869.64	229197.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	163869.64	229197.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	624267.25	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

**Faso for Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	203918.79	800718.79
(ii) Unitemized.....	14164.00	27610.69
(iii) TOTAL of contributions from individuals ▶	218082.79	828329.48
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15600.00	30100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	233682.79	858429.48
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	23.85	27.18
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	233706.64	858456.66

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	163869.64	229197.41
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 .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	4070.00	4992.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	167939.64	234189.41

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	558500.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	233706.64
25. SUBTOTAL (add Line 23 and Line 24).....	792206.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	167939.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	624267.25

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles V. Wait Jr.**

Mailing Address 8 Lakeview Dr.

City State Zip Code  
Gansevoort NY 12831-1824

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

Name of Employer Occupation  
The Adirondack Trust Co. Banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : A16839073FAF1446BBFF**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**M. Christian Bender**

Mailing Address 6 Andriana Lane

City State Zip Code  
Albany NY 12204-1772

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

Name of Employer Occupation  
Charter School Advisors Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2015

**Transaction ID : A20BBAF5F9F054C3692E**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Griffen**

Mailing Address 51 N. Milton Rd.

City State Zip Code  
Saratoga Springs NY 12866-6137

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

Name of Employer Occupation  
Palette Stone Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : A5B53AEABF4774037871**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Keith W Stack**

Mailing Address 82 McCagg Rd

City Valatie State NY Zip Code 12184-5801

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

Name of Employer The Addictions Care Center of Albany, Occupation Chief Executive Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : AF50996D567A04D429F8**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Maynard Toll**

Mailing Address PO Box 356

City Chatham State NY Zip Code 12037-0356

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : AB2E5D6D42ABF4FC4868**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Michael Steinhardt**

Mailing Address 712 5th Ave., Fl. 34

City New York State NY Zip Code 10019-4108

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

Name of Employer None Occupation Philanthropist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 14 / 2015

**Transaction ID : AD371E85F67294C3692A**

Amount of Each Receipt this Period  
**2700.00**

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

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

**3300.00**

**SCHEDULE A (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 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Marie McAllister**

Mailing Address 119 Prospect Street

City State Zip Code  
Cobleskill NY 12043-3870

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

Name of Employer Occupation  
Leo T. McAllister Inc. Bookkeeper

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : A791BE8A901074E18889**

Amount of Each Receipt this Period  
1350.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert G. James**

Mailing Address 122 Palmers Hill Road  
Unit 1209

City State Zip Code  
Stamford CT 06902-2144

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

Name of Employer Occupation  
Enterprise Asset Mgmt. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2015

**Transaction ID : AC86DD0454A984B60AD9**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**David Eberhart**

Mailing Address 77 Old Town Road

City State Zip Code  
Hillsdale NY 12529-6219

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

Name of Employer Occupation  
Eberhart Bros. Real Estate Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015

**Transaction ID : AB08E7FAEAA3C430190E**

Amount of Each Receipt this Period  
2300.00

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

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

4150.00

**SCHEDULE A (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 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jason Nastke**

Mailing Address 25 McNary Ave.

City Kinderhook State NY Zip Code 12106-1721

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

Name of Employer Kinderhook Capital Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A1BE392FD9DC9479A89F**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas J. Tisch**

Mailing Address 655 Madison Avenue  
23rd Floor

City New York State NY Zip Code 10065-8043

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

Name of Employer self employed Occupation finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : A519B01B7801D45D0BF1**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher Boylan**

Mailing Address 153 Grand Ave

City Rockville Centre State NY Zip Code 11570-4221

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

Name of Employer General Contractors Association Occupation Association Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : ABC0FAD0BBBBE4DA19B**

Amount of Each Receipt this Period  
250.00

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

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

3200.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Michele Lagana**

Mailing Address 19 Partridge Hill

City State Zip Code  
Honeoye Falls NY 14472-9731

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

Name of Employer Occupation  
The Eye Care Center Optometrist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015

**Transaction ID : A0873875986594D8E9B5**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jim Howarth**

Mailing Address 2 Lake St.

City State Zip Code  
Cooperstown NY 13326-1016

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

Name of Employer Occupation  
NY Sus. & Western Railway Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : A6F5FE013D66A4D22858**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Tea Zegarac-Pollock**

Mailing Address 40 W 57th St, 26th Fl.  
c/o Elliott Management Corp.

City State Zip Code  
New York NY 10019-4001

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : AB681D35DE6714A76A4E**

Amount of Each Receipt this Period  
2700.00

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

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

3200.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Manz**

Mailing Address 525 Crescent Ave.

City	State	Zip Code
Saratoga Springs	NY	12866-8732

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

Name of Employer	Occupation
DA Collins	Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : AD08B91ECC39D454BA61**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles J. Urstadt**

Mailing Address 321 Railroad Ave

City	State	Zip Code
Greenwich	CT	06830-6389

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

Name of Employer	Occupation
Urstadt Biddle Properties Inc.	Real Estate Investment

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : AD8750B28427541CD925**

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Wallace Allerdice**

Mailing Address 150 Excelsior Ave.

City	State	Zip Code
Saratoga Springs	NY	12866-8550

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

Name of Employer	Occupation
Allerdice Building Supply Inc.	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A4668D53EAC06459FA79**

Amount of Each Receipt this Period

750.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Mujica**

Mailing Address 367 Fowler Lake Rd

City State Zip Code  
Ghent NY 12075-2707

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

Name of Employer Occupation  
NYS Finance

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : AB32DA92019E342CF96C**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jacqueline Thorne**

Mailing Address 63 Front St.

City State Zip Code  
Millbrook NY 12545-5961

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

Name of Employer Occupation  
None N/A

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2015

**Transaction ID : A6554FA6A2C2B4761ABA**

Amount of Each Receipt this Period  
1350.00

**C.** Full Name (Last, First, Middle Initial)  
**Raymond McGrath**

Mailing Address 1714 Esquire Lane

City State Zip Code  
McLean VA 22101-4754

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

Name of Employer Occupation  
None N/A

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : A40AB3426B71D40DCA6F**

Amount of Each Receipt this Period  
500.00

**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 12 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Yoon Chung**

Mailing Address 12 James Lane

City Kinderhook State NY Zip Code 12106-2313

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

Name of Employer IBM Occupation IT Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : A5B3DB2637E624FAD902**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Lehmann**

Mailing Address 241 W 108th St  
Apt 5A

City New York State NY Zip Code 10025-2917

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

Name of Employer Dechert LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : AA8F03DCF335049DF82F**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles J. Urstadt**

Mailing Address 321 Railroad Ave

City Greenwich State CT Zip Code 06830-6389

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

Name of Employer Urstadt Biddle Properties Inc. Occupation Real Estate Investment

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : AADF80E6B03D04F4CA76**

Amount of Each Receipt this Period  
 50.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy DiCresce**

Mailing Address **PO Box 850**

City **Saratoga Springs** State **NY** Zip Code **12866-0850**

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

Name of Employer **Self-employed** Occupation **Insurance Sales**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 08 / 2015**

**Transaction ID : A4539FE95EAEC4D84BB9**

Amount of Each Receipt this Period  
**375.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Brendan Clemente**

Mailing Address **71 Bishop Nelson Rd**

City **Valatie** State **NY** Zip Code **12184-5323**

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

Name of Employer **Capital Cities Leasing Corp.** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 30 / 2015**

**Transaction ID : AE4847B5D1B3B49F7B41**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Paul Isaac**

Mailing Address **75 Prospect Ave.**

City **Larchmont** State **NY** Zip Code **10538-3634**

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

Name of Employer **Arbiter Partners** Occupation **Analyst**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 17 / 2015**

**Transaction ID : A2F0D8A4094654EA2ABF**

Amount of Each Receipt this Period  
**2700.00**

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

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

**4075.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Clarence Rappleyea**

Mailing Address **The Terrace**  
**41 Beverwyck Lane, Apt. 214**

City **Slingerlands** State **NY** Zip Code **12159-9324**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 18 / 2015**

**Transaction ID : A78DEFDB521EC4C6A85E**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joshua Nadell**

Mailing Address **28 Cayuga Way**

City **Short Hills** State **NJ** Zip Code **07078-1248**

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

Name of Employer **Elliott Management Corp.** Occupation **CFO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 05 / 2015**

**Transaction ID : AA47F89A1228D49EFA58**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Delphine Eberhart**

Mailing Address **310 E. 82nd St.**

City **New York** State **NY** Zip Code **10028-4102**

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

Name of Employer **None** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 04 / 2015**

**Transaction ID : A3B705A56ACFC436E9CA**

Amount of Each Receipt this Period  
**750.00**

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

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

**3950.00**

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jane Golub**

Mailing Address 1021 Rosendale Road

City Niskayuna State NY Zip Code 12309-5417

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

Name of Employer Golub Corporation Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : A835C475D80484CD0B1B**

Amount of Each Receipt this Period  
 375.00

**B.** Full Name (Last, First, Middle Initial)  
**Hon. Michael Nozzolio**

Mailing Address 8 E Bayard St.

City Seneca Falls State NY Zip Code 13148-1603

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

Name of Employer NYS Occupation Senator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015

**Transaction ID : A130121F525DD454B840**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Alfred Lincoln Scott**

Mailing Address 65 Bells Pond Rd.

City Hudson State NY Zip Code 12534-4520

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

Name of Employer Scott-Macon Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A4507E261AE4D4088B90**

Amount of Each Receipt this Period  
 500.00

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

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

1875.00

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

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

FOR LINE NUMBER: PAGE 16 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Egan**

Mailing Address 41 Biltmore Ave.

City State Zip Code  
Rye NY 10580-1839

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

Name of Employer Occupation  
NHA Schools Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : AAFCCC6E310234B03899**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lester Eber**

Mailing Address 95 Allens Creek Road

City State Zip Code  
Rochester NY 14618-3250

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

Name of Employer Occupation  
Southern Wine & Spirits consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : ACD39117EF3F34D1F85F**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Stephan Von Schenk**

Mailing Address 75 Coolidge Lane

City State Zip Code  
Diamond Point NY 12824-2023

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

Name of Employer Occupation  
The Adirondack Trust Co. President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A84FA9E3B0BEF4EC9905**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Jane F. Clark**

Mailing Address 1 Rockefeller Plaza  
Floor 31

City State Zip Code  
New York NY 10020-2011

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

Name of Employer Occupation  
The Clark Estates Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : AF244001478E64AC18DA**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**David Pollitzer**

Mailing Address 100 Pond Hill Ln

City State Zip Code  
Altamont NY 12009-5324

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

Name of Employer Occupation  
Fenimore Asset Management President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : AC2F9133D6AD841C2933**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Randy Crapser**

Mailing Address PO Box 1

City State Zip Code  
Richmondville NY 12149-0001

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

Name of Employer Occupation  
Bank of Richmondville Banking

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : A10B900D9C4604C3E886**

Amount of Each Receipt this Period  
500.00

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

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

3450.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Karen Codella**

Mailing Address 102 Trails End

City State Zip Code  
Grand Island NY 14072-2191

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 09 / 2015

**Transaction ID : A4D4635BDBFFB404CAD4**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jay Cahalan**

Mailing Address PO Box 2089  
123 Fox Run

City State Zip Code  
Athens NY 12015-2410

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

Name of Employer Occupation  
Columbia Memorial Hospital CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 09 / 2015

**Transaction ID : A3F9C4BEA722B41F6A46**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Eugene A. Gordon**

Mailing Address PO Box 1077

City State Zip Code  
Tannersville NY 12485-1077

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

Name of Employer Occupation  
self employed Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : AF3BE98D794AE4352961**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Jones**

Mailing Address 7 Hartwell Ave.

City State Zip Code  
Hudson NY 12534-2704

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 22 / 2015

**Transaction ID : A357685B34BA6455FB2E**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony Murad**

Mailing Address 475 West Street

City State Zip Code  
Lebanon Springs NY 12125-3412

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

Name of Employer Occupation  
Anthony Murad Builder Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2015

**Transaction ID : A5A6AEA3ECCD44ABEB7E**

Amount of Each Receipt this Period  
375.00

**C.** Full Name (Last, First, Middle Initial)  
**Marybeth Robb**

Mailing Address 188 Woodland Ave

City State Zip Code  
Summit NJ 07901-1644

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

Name of Employer Occupation  
Self Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 16 / 2015

**Transaction ID : ADC1CAA25D07C475A8E2**

Amount of Each Receipt this Period  
150.00

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

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

825.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Potrikus**

Mailing Address 2259 Algonquin Rd.

City State Zip Code  
Niskayuna NY 12309-4711

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

Name of Employer Occupation  
NY Retail Council President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : A8F0DF6EF81114FDB8DF**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter Kalikow**

Mailing Address 101 Park Ave., 25th Fl.

City State Zip Code  
New York NY 10178-0002

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

Name of Employer Occupation  
H.J. Kalikow & Co. Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 09 / 2015

**Transaction ID : A719367A893F743B3BBB**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Flynn**

Mailing Address PO Box 309

City State Zip Code  
Plainfield NH 03781-0309

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

Name of Employer Occupation  
Oak Circle Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : AC221F0899BEE4C28A60**

Amount of Each Receipt this Period  
250.00

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

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

3200.00

**SCHEDULE A (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 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Edward Bogdan**

Mailing Address 111 Washington Ave., Suite 750

City Albany	State NY	Zip Code 12210-2238
----------------	-------------	------------------------

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

Name of Employer Bogdan Lasky & Frasier	Occupation Manager
--	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 04 / 2015

**Transaction ID : AC95F467E887E4496A2F**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward May Jr.**

Mailing Address 330 Pony Farm Rd  
Ste 5

City Oneonta	State NY	Zip Code 13820-3444
-----------------	-------------	------------------------

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

Name of Employer Self	Occupation Entrepreneur
--------------------------	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : ABBD440DC288F4BFF945**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Shields**

Mailing Address 210 El Brillo Way

City Palm Beach	State FL	Zip Code 33480-4728
--------------------	-------------	------------------------

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

Name of Employer Wellington Shields	Occupation Chairman
--	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A119B87382FE140BFAD3**

Amount of Each Receipt this Period  
2300.00

**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 22 OF 152
	<input 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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>Mr. Leo T. McAllister</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2015
Mailing Address 119 Prospect Street		<b>Transaction ID : A919622F24C604A248C5</b>
City Cobleskill	State NY	
Zip Code 12043-3870		Amount of Each Receipt this Period 1350.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Leo T. McAllister Inc.	Occupation Finance	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>Ronald Cameron</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2015
Mailing Address PO Box 21440		<b>Transaction ID : A9E4C2760058E4768931</b>
City Little Rock	State AR	
Zip Code 72221-1440		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00
Name of Employer Mountaire	Occupation Chairman	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) <b>Sally Vastola</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015
Mailing Address 154 Park Ledge Dr.		<b>Transaction ID : A0B77F216D17D454DBF5</b>
City Snyder	State NY	
Zip Code 14226-3925		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nixon Peabody	Occupation Strategic Advisor	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 23 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Woody Hunt**

Mailing Address **PO Box 12220**

City **El Paso** State **TX** Zip Code **79913-0220**

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

Name of Employer **Hunt Companies, Inc.** Occupation **Real estate**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 04 / 2015**

**Transaction ID : A2223848824CD429C9B6**

Amount of Each Receipt this Period  
**1300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gary DiCresce**

Mailing Address **PO Box 850**

City **Saratoga Springs** State **NY** Zip Code **12866-0850**

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

Name of Employer **Self-employed** Occupation **Insurance sales**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 08 / 2015**

**Transaction ID : A6E763957A79444C2B6A**

Amount of Each Receipt this Period  
**375.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Diane K. Whelton**

Mailing Address **505 Laguardia Pl., Apt. 27E**

City **New York** State **NY** Zip Code **10012-2005**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2015**

**Transaction ID : ABC0A84CB90CC48C2A0C**

Amount of Each Receipt this Period  
**100.00**

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

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

**1775.00**

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Bernadette Castro**

Mailing Address 17 Quail Hill Road

City State Zip Code  
Lloyd Harbor NY 11743-1020

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : A81CD01C951DE4BA1965**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John A. Tesiero Jr.**

Mailing Address 1250 Riverfront Center

City State Zip Code  
Amsterdam NY 12010-4602

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

Name of Employer Occupation  
None N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : ACF05E72FD5554A48B1C**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**Rihcard Bianchi**

Mailing Address 21 North Seventh St.

City State Zip Code  
Hudson NY 12534-2537

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

Name of Employer Occupation  
Self CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : AC7E1996F9DDDF4D6BBD7**

Amount of Each Receipt this Period  
500.00

**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 25 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Harry Meislahn**

Mailing Address 804 Cortland St.

City Albany	State NY	Zip Code 12203-2013
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FEC ID number of contributing federal political committee. **C**

Name of Employer McNamee Lochner Titus & Williams	Occupation Attorney
--	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2015

**Transaction ID : A88F38C47E4274A81B85**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Brian Kelly**

Mailing Address 194 Wallace Road

City Valatie	State NY	Zip Code 12184-5818
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : A71D8547F46D243B6BAA**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Bonnie Seaman**

Mailing Address 34 Rydalmount Rd.

City Lockport	State NY	Zip Code 14094-3418
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Retired
---	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015

**Transaction ID : A69854815E7C649FCBC5**

Amount of Each Receipt this Period  
100.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas O. Putnam**

Mailing Address P.O. Box 310

City Cobleskill State NY Zip Code 12043-0310

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

Name of Employer Fenimore Asset Management Occupation Chairman & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : AAE7971F74D724993B0F**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Gordon Singer**

Mailing Address Elliott Management Corp.  
40 West 57th St.

City New York State NY Zip Code 10019-4001

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

Name of Employer Elliott Advisors Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : A640C47E66D4B42E2AAE**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Parillo**

Mailing Address 215 Ballard Rd.

City Wilton State NY Zip Code 12831-1596

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

Name of Employer Self-employed Occupation Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : A930E4860488C4091875**

Amount of Each Receipt this Period  
 750.00

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

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

6150.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alice Tisch**

Mailing Address 655 Madison Avenue  
23rd Floor

City State Zip Code  
New York NY 10065-8043

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

Name of Employer Occupation  
None n/a

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 28 / 2015

**Transaction ID : AA7DB202502CC4BC984F**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Oakleigh Thorne**

Mailing Address 63 Front St.

City State Zip Code  
Millbrook NY 12545-5961

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

Name of Employer Occupation  
Thorndale Farm LLC Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 05 / 2015

**Transaction ID : ABC6B2DF38C484E938BB**

Amount of Each Receipt this Period  
1350.00

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Cameron**

Mailing Address PO Box 21440

City State Zip Code  
Little Rock AR 72221-1440

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

Name of Employer Occupation  
Mountaire Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : ADB81439A1DBC4F9EB45**

Amount of Each Receipt this Period  
2700.00

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

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

6750.00

**SCHEDULE A (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 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Prew**

Mailing Address 105 Oriole Rd.  
PO Box 497

City State Zip Code  
Cooperstown NY 13326-0497

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

Name of Employer Occupation  
Hinman, Howard & Kattell, LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1175.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 01 / 2015

**Transaction ID : A3AB27ADE0A3F4942A93**

Amount of Each Receipt this Period  
175.00

**B.** Full Name (Last, First, Middle Initial)  
**Susan Read**

Mailing Address 30 Barnes Road

City State Zip Code  
West Sand Lake NY 12196-2601

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : A256C748AACE44E03B77**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Nicholas Czajka**

Mailing Address PO Box 76

City State Zip Code  
Livingston NY 12541-0076

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

Name of Employer Occupation  
Congressman Gibson Legislative Aide

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : AF6CD3ED4780A4DDC878**

Amount of Each Receipt this Period  
250.00

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

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

925.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Czajka**

Mailing Address **PO Box 76**

City **Livingston** State **NY** Zip Code **12541-0076**

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

Name of Employer **Columbia County** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 17 / 2015**

**Transaction ID : A6EE84DFB40974763942**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**William Schultz**

Mailing Address **63 Sweet Road**

City **Ballston Lake** State **NY** Zip Code **12019-1805**

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

Name of Employer **Schultz Construction** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 08 / 2015**

**Transaction ID : A85F67BA346C94A908A7**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jeffery T. More Esq.**

Mailing Address **660 Pennsylvania Ave, SE  
Suite 201**

City **Washington** State **DC** Zip Code **20003-4365**

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

Name of Employer **Alpine Group** Occupation **Government Relations Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 28 / 2015**

**Transaction ID : A1FC506E1A716486AAA4**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Norman F. Lent III**

Mailing Address 3529 Malvern Court

City State Zip Code  
Alexandria VA 22304-1852

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

Name of Employer Occupation  
Arent Fox Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : A33512B4FDD444FC3972**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Dennis Marino**

Mailing Address 17 Academy Hill Drive

City State Zip Code  
Hudson NY 12534-2921

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : A13E9E72966CC4E478C0**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Edward P. Swyer**

Mailing Address 4 Tower Place

City State Zip Code  
Albany NY 12203-3703

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

Name of Employer Occupation  
Stuyvesant Plaza, Inc. Real Estate Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : A6713B74C60904823991**

Amount of Each Receipt this Period  
200.00

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Eberhart**

Mailing Address 192 Lang Rd.

City State Zip Code  
Stuyvesant NY 12173-2618

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

Name of Employer Occupation  
Eberhart Bros. Real Estate Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 29 / 2015

**Transaction ID : AA01B396674AF4EF1B98**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James Leeper**

Mailing Address 330 S Broadway  
Unit D3

City State Zip Code  
Tarrytown NY 10591-5606

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

Name of Employer Occupation  
Public School of the Tarrytowns Coach

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 27 / 2015

**Transaction ID : A37A4DB08DF56448A8E9**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Peter Bulger**

Mailing Address 232 Westchester Dr. South

City State Zip Code  
Delmar NY 12054-4233

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

Name of Employer Occupation  
C.L. King & Assoc. Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : A2A7FEFBD5BEB4F31935**

Amount of Each Receipt this Period  
1000.00

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

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

3950.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Singer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015
Mailing Address 40 West 57th St. c/o Elliott Management Corp.		<b>Transaction ID : A1BABF82F439F4D33AA8</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer None	Occupation N/A	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) <b>B. William Anglum</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015
Mailing Address 9514 State Route 22		<b>Transaction ID : AF614B97E41274AA5839</b>
City Hillsdale	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Eric M. Javits</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015
Mailing Address 150 Bradley Pl Apt 407		<b>Transaction ID : A47F7BA39AB504BB4A1D</b>
City Palm Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jay Malcynsky**

Mailing Address 25 Parkers Point Rd.

City Chester	State CT	Zip Code 06412-1206
-----------------	-------------	------------------------

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

Name of Employer Gaffney Bennett & Assoc.	Occupation Attorney
--	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : A4779A70C80D34A84921**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Wilber**

Mailing Address PO Box 128

City Ghent	State NY	Zip Code 12075-0128
---------------	-------------	------------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : AA5207C3DFDE54B78AB7**

Amount of Each Receipt this Period  
375.00

**C.** Full Name (Last, First, Middle Initial)  
**Marjorie Becker**

Mailing Address PO Box 627

City Middleburgh	State NY	Zip Code 12122-0627
---------------------	-------------	------------------------

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

Name of Employer Middleburgh Phone Company	Occupation CEO
---	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : A78EBA97331B146DEAC1**

Amount of Each Receipt this Period  
500.00

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

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

1375.00

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

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

FOR LINE NUMBER: PAGE 34 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lyn Vail**

Mailing Address 5 Bean Ln.

City State Zip Code  
Valatie NY 12184-4121

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : A3297F6F9F429407D8C9**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Shechtman**

Mailing Address 335 Greenwich St., Apt. 2C

City State Zip Code  
New York NY 10013-3321

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

Name of Employer Occupation  
Zuckerman Spaeder PC Lawyer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : ACEA9F21A986E46CD816**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael M. Moore**

Mailing Address PO Box 305

City State Zip Code  
Cobleskill NY 12043-0305

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

Name of Employer Occupation  
Cobleskill Stone Products Vice President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : A42164130543E4E17803**

Amount of Each Receipt this Period  
150.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rod Sutton**

Mailing Address 17 Division St.

City State Zip Code  
Saratoga Springs NY 12866-2113

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

Name of Employer Occupation  
Sutton & Tarantino Ins. Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 28 / 2015

**Transaction ID : A8FE4F77E3EBC4867A9D**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter Vail**

Mailing Address 5 Bean La.

City State Zip Code  
Valatie NY 12184-4121

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

Name of Employer Occupation  
Caro-Vail Inc. Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : A74038AE6EBD24F139CF**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles Martinez**

Mailing Address 38 Flint Mine Road

City State Zip Code  
Coxsackie NY 12051-2801

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

Name of Employer Occupation  
Martinez Auto Body Shop Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : A7081484E80684CE9ADC**

Amount of Each Receipt this Period  
1000.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 36 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Willis Vermilyea**

Mailing Address 34 Washington Ave

City State Zip Code  
Coxsackie NY 12051-1221

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : A1A6DE5C10C1246DE8E6**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Sally Fisher**

Mailing Address 126 River View

City State Zip Code  
Port Ewen NY 12466-5110

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : A4D34AB73C1EE4AD088A**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Woody Hunt**

Mailing Address PO Box 12220

City State Zip Code  
El Paso TX 79913-0220

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

Name of Employer Occupation  
Hunt Companies, Inc. Real estate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : A15F18D81704E4315947**

Amount of Each Receipt this Period  
**2700.00**

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

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

**3250.00**

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

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

FOR LINE NUMBER: PAGE 37 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Crawford**

Mailing Address 30 Crawford Lane

City State Zip Code  
Germantown NY 12526-5601

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

Name of Employer Occupation  
Crawford & Assoc. Professional Engineer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : AF4C76901882944F18B0**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles J. Urstadt**

Mailing Address 321 Railroad Ave

City State Zip Code  
Greenwich CT 06830-6389

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

Name of Employer Occupation  
Urstadt Biddle Properties Inc. Real Estate Investment

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : A0453A1535B004D74A3D**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Breen**

Mailing Address PO Box 982

City State Zip Code  
Middleburgh NY 12122-0982

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : A6A29242A6AA74003B12**

Amount of Each Receipt this Period  
 150.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mark L. Rosen**

Mailing Address 744 Forest Ave

City Larchmont State NY Zip Code 10538-1314

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

Name of Employer Citigroup Occupation Financial Services

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : A1D4AE7B9B8A34E2595D**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dale Thuillez**

Mailing Address 42 E. Ridge Rd.

City Loudonville State NY Zip Code 12211-1476

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

Name of Employer Thuillez Ford Gold, Butler & Monroe Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : AFB415D221F414C76A48**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Thompson**

Mailing Address 1128 Langley Ln

City Mc Lean State VA Zip Code 22101-2231

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

Name of Employer Akin Gump Strauss Hauer and Feld Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : A52E5C00F62534ADC8F5**

Amount of Each Receipt this Period  
**500.00**

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

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

**1600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joel Howard**

Mailing Address 107 Old Niskayuna Rd.

City Loudonville State NY Zip Code 12211-1321

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

Name of Employer Couch White Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : A716F011D990B4AC6848**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Neil Golub**

Mailing Address 1021 Rosendale Road

City Niskayuna State NY Zip Code 12309-5417

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

Name of Employer Golub Corporation Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : A6598245B699A460EB36**

Amount of Each Receipt this Period  
**375.00**

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Jones**

Mailing Address 2 Victoria Lane

City Saratoga Springs State NY Zip Code 12866-2706

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

Name of Employer The Jones Firm Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : A491A494A1FC64336A5E**

Amount of Each Receipt this Period  
**500.00**

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

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

**975.00**

**SCHEDULE A (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 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carolyn Thompson**

Mailing Address 1 Lake Street

City State Zip Code  
Cooperstown NY 13326-1015

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

Name of Employer Occupation  
G&T Farm Rancher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : ACD5BA5D595474CB8AB0**

Amount of Each Receipt this Period  
1250.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Jane F. Clark**

Mailing Address 1 Rockefeller Plaza  
Floor 31

City State Zip Code  
New York NY 10020-2011

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

Name of Employer Occupation  
The Clark Estates Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : A5B8D3CAF32814B689BA**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Allen Roth**

Mailing Address 255 Raymond St.

City State Zip Code  
Rockville Centre NY 11570-3123

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

Name of Employer Occupation  
RSL Management Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 01 / 2015

**Transaction ID : AE059EFC02647427889F**

Amount of Each Receipt this Period  
250.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeanette Wilber**

Mailing Address PO Box 128

City Ghent State NY Zip Code 12075-0128

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

Name of Employer None Occupation N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : A489A852BBC5A40AE86F**

Amount of Each Receipt this Period  
 375.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Smith**

Mailing Address 320 S Peterboro St.

City Canastota State NY Zip Code 13032-1414

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : AD72A52DF6BD84DB3BD4**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Francis Menton**

Mailing Address 302A West 12th Street #367

City New York State NY Zip Code 10014-7906

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : A3503A555718C4108897**

Amount of Each Receipt this Period  
 500.00

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

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

1125.00

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

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

FOR LINE NUMBER: PAGE 42 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Steven Parnes**

Mailing Address 7 Siena Lane

City Rensselaer State NY Zip Code 12144-9765

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

Name of Employer Albany Medical Center Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : A5D03465D42DC486A946**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth McCaul**

Mailing Address 95 Feeks Lane

City Locust Valley State NY Zip Code 11560-2020

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

Name of Employer Promontory Financial Group Occupation Partner & CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : AB856DBBB7153473380D**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Sheridan Biggs**

Mailing Address PO Box 160

City Quaker Street State NY Zip Code 12141-0160

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : A0BCC406B1A5B49E4927**

Amount of Each Receipt this Period  
 250.00

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

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

3200.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert D'Andrea**

Mailing Address 523 Crescent Ave.

City Saratoga Springs State NY Zip Code 12866-8732

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : A4CBC10D9A106478DB5C**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Vincent Verdile**

Mailing Address 7 Ashley Place

City Saratoga Springs State NY Zip Code 12866-8783

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

Name of Employer Albany Medical Center Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : AAEACD4E7F1AE4EF8A65**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Shermane Billingsley**

Mailing Address 870 5th Ave Apt 11A

City New York State NY Zip Code 10065-4907

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : A9C9B15F737194AD0887**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 44 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Patricia Van Allen**

Mailing Address **PO Box 328**

City **Valatie** State **NY** Zip Code **12184-0328**

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

Name of Employer **Van Allen Body Shop** Occupation **Owner**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 29 / 2015**

**Transaction ID : A19F5D6F835984421BAF**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Riggi**

Mailing Address **41 Old Gick Rd.**

City **Saratoga Springs** State **NY** Zip Code **12866-9450**

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

Name of Employer **Turbine Services Ltd** Occupation **CEO**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : A7E01D67C36FA491EBD9**

Amount of Each Receipt this Period  
**750.00**

**C.** Full Name (Last, First, Middle Initial)  
**John Zeiler**

Mailing Address **146 Central Park West, #12G**

City **New York** State **NY** Zip Code **10023-7092**

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

Name of Employer **Hudson Housing Capital** Occupation **CEO**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : A209C7D97CB62439BA09**

Amount of Each Receipt this Period  
**2300.00**

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

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

**3300.00**

**SCHEDULE 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 45 OF 152

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Zarcone**

Mailing Address 5 Loudon Heights South

City Loudonville State NY Zip Code 12211-2013

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

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A350AE14737A044FF862**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Roger Burdick**

Mailing Address 5885 E Circle Dr. Suite 200

City Cicero State NY Zip Code 13039-8764

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

Name of Employer Burdick Cars Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : AD9D6465490214F0C973**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Alice Tisch**

Mailing Address 655 Madison Avenue 23rd Floor

City New York State NY Zip Code 10065-8043

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

Name of Employer None Occupation n/a

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : AF0E8F2733A7043E59CD**

Amount of Each Receipt this Period  
 2700.00

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

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

6400.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Zeiler**

Mailing Address 146 Central Park West, #12G

City State Zip Code  
New York NY 10023-7092

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

Name of Employer Occupation  
Hudson Housing Capital CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : A415F87D0AF1C44189C1**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward D'Alessio**

Mailing Address 518 Tobacco Quay

City State Zip Code  
Alexandria VA 22314-2042

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

Name of Employer Occupation  
Hudson Cook, LLP Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : AD7DB98D4F93247308E4**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas O'Connor**

Mailing Address 465 Saratoga St.

City State Zip Code  
Cohoes NY 12047-4626

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

Name of Employer Occupation  
Mohawk Paper Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 24 / 2015

**Transaction ID : ADC9A74CB30C14CD999F**

Amount of Each Receipt this Period  
300.00

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 47 OF 152  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Kindler**

Mailing Address 682 Arch Bridge Rd. Ext.

City State Zip Code  
Ghent NY 12075-1812

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : AC98A09E33B114FFD9C1**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Russell Carson**

Mailing Address 930 Fifth Ave.

City State Zip Code  
New York NY 10021-2651

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

Name of Employer Occupation  
Welsh, Carson, Anderson & Stowe Private Equity

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : A251F3C6C20BA42AFA42**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Allan Ahearne**

Mailing Address 1660 Co Hwy 33

City State Zip Code  
Cooperstown NY 13326

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : A1A9A0384E5B44A18BFC**

Amount of Each Receipt this Period  
250.00

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

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

3200.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Poole**

Mailing Address 97 Tenth St.

City Garden City State NY Zip Code 11530-1551

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

Name of Employer Hallen Construction Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : A2AA4315B61234433A4A**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. & Mrs. Michael Moffat**

Mailing Address 440 Beaver Meadow Rd

City Cooperstown State NY Zip Code 13326-4907

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

Name of Employer Black Ash Holdings Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : ABFE23229D1BA446EBE2**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Jill Dunn**

Mailing Address 47 Lenox Ave

City Albany State NY Zip Code 12203-2005

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

Name of Employer None Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A8F257B05318B46A18FD**

Amount of Each Receipt this Period  
 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dan Lamont**

Mailing Address 365 Lamont District Road

City Cobleskill State NY Zip Code 12043-5915

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : AA39AE77016614F0CA50**

Amount of Each Receipt this Period  
**75.00**

**B.** Full Name (Last, First, Middle Initial)  
**Victoria Graffeo**

Mailing Address 23 Ridgefield Dr.

City Voorheesville State NY Zip Code 12186-9798

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

Name of Employer Harris Beach PLLC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : A0312741F39414637A69**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Tea Zegarac-Pollock**

Mailing Address 40 W 57th St, 26th Fl.  
c/o Elliott Management Corp.

City New York State NY Zip Code 10019-4001

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

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : A2ADB028AA1DB4F58BB4**

Amount of Each Receipt this Period  
**2700.00**

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

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

**3275.00**

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

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

FOR LINE NUMBER: PAGE 50 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Julie Chlopecki**

Mailing Address 1547 Evers Drive

City State Zip Code  
Mc Lean VA 22101-5006

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

Name of Employer Occupation  
Xenophon Strategies Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : AF94F3CBF0B1A4F2D960**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Galluscio**

Mailing Address 534 Orchard Rd.

City State Zip Code  
Hudson NY 12534-4535

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

Name of Employer Occupation  
Shallo, Galluscio, Bianchi & Fucito CPA

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : AA39EDA171FA94A33B73**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Rick Keaveney**

Mailing Address PO Box 277

City State Zip Code  
Canaan NY 12029-0277

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

Name of Employer Occupation  
Town of Canaan Town Supervisor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : A43D73FC3D3054603A6B**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Sheridan Biggs**

Mailing Address **PO Box 160**

City **Quaker Street** State **NY** Zip Code **12141-0160**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 07 / 2015**

**Transaction ID : AE0881260432B4540AC7**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Marybeth Robb**

Mailing Address **188 Woodland Ave**

City **Summit** State **NJ** Zip Code **07901-1644**

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

Name of Employer **Self** Occupation **Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : AE1A460CAC9044631BA0**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ryan McAllister**

Mailing Address **112 Clinton Cir**

City **Cobleskill** State **NY** Zip Code **12043-4110**

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

Name of Employer **Self-employed** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : A4464855588BE4061BA5**

Amount of Each Receipt this Period  
**150.00**

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

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

**675.00**

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald Cieri**

Mailing Address 546 Ehlermann Rd

City State Zip Code  
Delhi NY 13753-1503

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

Name of Employer Occupation  
Self Cattle Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 24 / 2015

**Transaction ID : AA636307D82C44CF880D**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John Sheeran**

Mailing Address 19 Pine Hollow Dr.

City State Zip Code  
Ballston Spa NY 12020-2729

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

Name of Employer Occupation  
D.A. Collins Construction Accountant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 18 / 2015

**Transaction ID : AA3479EDE628F4CE998B**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dawn Murad**

Mailing Address 475 West Street

City State Zip Code  
Lebanon Springs NY 12125-3412

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

Name of Employer Occupation  
Anthony Murad Builder Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 28 / 2015

**Transaction ID : A4FB6B602F6B74AEFAF7**

Amount of Each Receipt this Period  
375.00

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

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

1875.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Cohen**

Mailing Address 3 Trails End

City Chappaqua State NY Zip Code 10514-1617

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

Name of Employer Elliott Management Corp. Occupation Trader

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : A7E67E35D3FD84EFF909**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Catell**

Mailing Address 62 Osborne Rd.

City Garden City State NY Zip Code 11530-3127

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A2B62F1B6BF954C06BC2**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Edward P. Swyer**

Mailing Address 4 Tower Place

City Albany State NY Zip Code 12203-3703

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

Name of Employer Stuyvesant Plaza, Inc. Occupation Real Estate Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : A53BE743DB7894A7FB71**

Amount of Each Receipt this Period  
 2500.00

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

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

6200.00

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

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

FOR LINE NUMBER: PAGE 54 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Steinhardt**

Mailing Address 712 5th Ave., Fl. 34

City State Zip Code  
New York NY 10019-4108

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

Name of Employer Occupation  
None Philanthropist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015

**Transaction ID : A4D52825EC2164337935**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Matthew Amodeo**

Mailing Address 2 Shaker Bay Rd

City State Zip Code  
Latham NY 12110-1254

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

Name of Employer Occupation  
Drinker Biddle Reath, LLP Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : A09BB2AEB87A44D69884**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher W Tague**

Mailing Address PO Box 606  
206 Orchard St.

City State Zip Code  
Schoharie NY 12157-0606

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

Name of Employer Occupation  
Cobleskill Stone Products General Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1075.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : AB3D153BD56194D12BF6**

Amount of Each Receipt this Period  
75.00

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

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

2875.00

**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 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     11e 15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert R Hinckley**  
 Mailing Address 7 Settlers Ridge S  
 City State Zip Code  
 Malta NY 12020-3755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CDPHP Health Ins.  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2015  
**Transaction ID : A450079574B09404EA71**  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles V Wait**  
 Mailing Address 658 N Broadway  
 City State Zip Code  
 Saratoga Springs NY 12866-1624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Adirondack Trust Co. Banker  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : AA81989FA666C4846BE1**  
 Amount of Each Receipt this Period  
 2618.79  
 In-kind:food & beverages

**C.** Full Name (Last, First, Middle Initial)  
**Lyn Vail**  
 Mailing Address 5 Bean Ln.  
 City State Zip Code  
 Valatie NY 12184-4121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : A6353806870C540A5BE7**  
 Amount of Each Receipt this Period  
 2700.00

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

5568.79

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Francis Greenburger**

Mailing Address 55 Fifth Ave., 15th Fl.

City New York	State NY	Zip Code 10003-4301
------------------	-------------	------------------------

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

Name of Employer Time Equities	Occupation Chairman, CEO
-----------------------------------	-----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : A65071F026370454E9C7**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Eberhart**

Mailing Address 192 Lang Rd.

City Stuyvesant	State NY	Zip Code 12173-2618
--------------------	-------------	------------------------

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

Name of Employer Eberhart Bros.	Occupation Real Estate Management
------------------------------------	--------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : AFC624B05ECBB4A0D9A8**

Amount of Each Receipt this Period  
2300.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Coleman**

Mailing Address 86 Deerfield Lane

City Ossining	State NY	Zip Code 10562-2529
------------------	-------------	------------------------

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

Name of Employer Rite Check	Occupation Executive
--------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : A9B42984326A842BDB3F**

Amount of Each Receipt this Period  
500.00

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan Pollock**

Mailing Address c/o Elliott Management Corp.  
40 W. 57th St., 26th Fl.

City New York State NY Zip Code 10019-4001

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

Name of Employer Elliott Management Corp. Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : AB98A088B8ACD42B3AE0**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Douglas Thompson**

Mailing Address 1 Lake Street

City Cooperstown State NY Zip Code 13326-1015

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

Name of Employer G&T Farm Occupation Rancher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : A813C76C311584636935**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
**Bruce Mehlman**

Mailing Address 1341 G Street NW  
Suite 1100

City Washington State DC Zip Code 20005-3105

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

Name of Employer Mehlman Castagnetti Rosen & Thomas Occupation Gov't Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : A24EF9EAA762C4DF397C**

Amount of Each Receipt this Period  
500.00

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

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

4450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Vail**

Mailing Address 5 Bean La.

City	State	Zip Code
Valatie	NY	12184-4121

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

Name of Employer	Occupation
Caro-Vail Inc.	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A65726B5F20E3422ABFD**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Koskey**

Mailing Address 502 Union Street

City	State	Zip Code
Hudson	NY	12534-2816

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

Name of Employer	Occupation
Pattison, Koskey, Howe & Bucci CPAs, P	CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : A0DB61754CE7A4CD5BD5**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 750.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Adam Richardson**

Mailing Address 3 Coronet Ct.

City	State	Zip Code
Schenectady	NY	12309-1907

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

Name of Employer	Occupation
Ostroff Associates	Gov't Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2015

**Transaction ID : ACF9CFB7708994DD88E2**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 3700.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Douglass Mabee**

Mailing Address 4 Liberty Dr

City State Zip Code  
Saratoga Springs NY 12866-9150

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

Name of Employer Occupation  
TRC Companies, Inc. Environmental Coordinator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015

**Transaction ID : A520824E539FB438EBF6**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Shields**

Mailing Address 210 El Brillo Way

City State Zip Code  
Palm Beach FL 33480-4728

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

Name of Employer Occupation  
Wellington Shields Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : A22FE90F70407468D840**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Jade West**

Mailing Address 3709 N Glebe Rd

City State Zip Code  
Arlington VA 22207-4318

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

Name of Employer Occupation  
National Assoc. of Wholesale Dist. Senior Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2015

**Transaction ID : A07C6B72D343648EEA7C**

Amount of Each Receipt this Period  
500.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Catherine Bertini**

Mailing Address 84 South Main St.

City Homer State NY Zip Code 13077-1623

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

Name of Employer Syracuse University Occupation Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : A67E26512AD4941FAB6D**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**William Dake**

Mailing Address 90 Bryan St.

City Saratoga Springs State NY Zip Code 12866-1702

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

Name of Employer Stewart's Shop Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : AAB46E9356D8C4168BE6**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Anthony Coles**

Mailing Address 1251 Avenue of the Americas  
FI 27

City New York State NY Zip Code 10020-1104

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

Name of Employer DLA Piper Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : A20BBDBDA3F3E4CC8AC4**

Amount of Each Receipt this Period  
300.00

**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 61 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy Czajka**

Mailing Address **PO Box 76**

City **Livingston** State **NY** Zip Code **12541-0076**

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

Name of Employer **None** Occupation **Student**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 17 / 2015**

**Transaction ID : A149A91712E314A15900**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Joel Buchman**

Mailing Address **23 County Route 14**

City **Hudson** State **NY** Zip Code **12534-4218**

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

Name of Employer **Kantor Davidoff** Occupation **attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 28 / 2015**

**Transaction ID : A1B5076BFA93C441A87F**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Gerard Conway**

Mailing Address **47 Lenox Ave.**

City **Albany** State **NY** Zip Code **12203-2005**

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

Name of Employer **Plug Power** Occupation **General Counsel**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 04 / 2015**

**Transaction ID : ADDE64CD5830549298D8**

Amount of Each Receipt this Period  
 500.00

**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 62 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judy Morris**

Mailing Address 210 Old Glck Rd.

City State Zip Code  
Saratoga Springs NY 12866-9411

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

Name of Employer Occupation  
Owner Morr Is Stored

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 31 / 2015

**Transaction ID : A1E48C17A595643439C5**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gavin Donohue**

Mailing Address 7 Nottingham Way

City State Zip Code  
Cohoes NY 12047-4971

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

Name of Employer Occupation  
New York State Independent Power Produ President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 23 / 2015

**Transaction ID : A416073E8D9E4403699F**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew Blum**

Mailing Address 16 Main St.

City State Zip Code  
Cooperstown NY 13326-1331

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

Name of Employer Occupation  
C.L. King & Assoc. Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 07 / 2015

**Transaction ID : A93629403A9C44962B52**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gary N Paslow**

Mailing Address 739 Downing St

City State Zip Code  
Schenectady NY 12309-2923

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

Name of Employer Occupation  
New York Independent System Operator Communications Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : AA4623F24C991472B999**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Marcia White**

Mailing Address 11 P.D. Harris Road

City State Zip Code  
Saratoga Springs NY 12866-5444

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

Name of Employer Occupation  
SPAC President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : A4A60F2BD177A4733A2E**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James DiBlasi**

Mailing Address 324 Rugby Rd.

City State Zip Code  
Syracuse NY 13203-1449

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

Name of Employer Occupation  
Merrill Lynch Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 04 / 2015

**Transaction ID : A5486079BAC2E4DDBA16**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 64 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Eberhart**

Mailing Address 77 Old Town Road

City Hillsdale State NY Zip Code 12529-6219

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

Name of Employer Eberhart Bros. Occupation Real Estate Management

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : A4BD5BB35FCE54E35BF5**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Serge Bervy**

Mailing Address 268 West Hill Rd.

City Austerlitz State NY Zip Code 12017-2408

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

Name of Employer Self-employed Occupation contractor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A475BD42628E242C6824**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**James C. Cornell Jr.**

Mailing Address 604 Stanford Road

City Millbrook State NY Zip Code 12545-5222

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

Name of Employer NuCove Energy LLC Occupation Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : A9F39F89F98704A91B06**

Amount of Each Receipt this Period  
1000.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Sutherland**

Mailing Address 45 Gramercy Park North 3B

City State Zip Code  
New York NY 10010-6308

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : A03CB7DCAD579427EA87**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Codella**

Mailing Address 102 Trails End

City State Zip Code  
Grand Island NY 14072-2191

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

Name of Employer Occupation  
Medical Acoustics, LLC President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : A9624B67F683742F4A2C**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard DalCol**

Mailing Address 28 East Ridge Rd.

City State Zip Code  
Loudonville NY 12211-1476

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

Name of Employer Occupation  
Albany Cardiothoracic Surgeons MD

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 04 / 2015

**Transaction ID : AA8FA95D8D4B048358D8**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 152
	<input 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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gordon Singer</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015
Mailing Address Elliott Management Corp. 40 West 57th St.		<b>Transaction ID : A72850FD934484D6CA55</b>
City State Zip Code New York NY 10019-4001	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00
Name of Employer Elliott Advisors	Occupation Director	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) <b>B. Jonathan Pollock</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2015
Mailing Address c/o Elliott Management Corp. 40 W. 57th St., 26th Fl.		<b>Transaction ID : A7D1A2019C3314D25B55</b>
City State Zip Code New York NY 10019-4001	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00
Name of Employer Elliott Management Corp.	Occupation Executive	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Raymond LaJeunesse</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2015
Mailing Address 3709 N Glebe Rd		<b>Transaction ID : AADDD102F361E46E59EF</b>
City State Zip Code Arlington VA 22207-4318	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer National Right to Work Legal Def. F'dn	Occupation Vice President & Legal Director	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas J. Tisch**

Mailing Address 655 Madison Avenue  
23rd Floor

City State Zip Code  
New York NY 10065-8043

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

Name of Employer Occupation  
self employed finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 28 / 2015

**Transaction ID : A261EF839A83445BA9EB**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**James Warren**

Mailing Address 502 Riverside Ave.

City State Zip Code  
Coxsackie NY 12051-1526

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

Name of Employer Occupation  
National Bank of Coxsackie President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : A9EF6F66CB9874455874**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Peter C. Hein**

Mailing Address 101 Central Park West  
Apt. 14E

City State Zip Code  
New York NY 10023-4250

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

Name of Employer Occupation  
Wachtell, Lipton Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 28 / 2015

**Transaction ID : A9B2E7B8E625A4B2592C**

Amount of Each Receipt this Period  
1000.00

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sean McAllister**

Mailing Address 106 Jefferson Ave.

City Cobleskill State NY Zip Code 12043-1558

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

Name of Employer Cadaret Grant & Co. Occupation Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : AF5FF0B9BF5274A1D8B5**

Amount of Each Receipt this Period  
**75.00**

**B.** Full Name (Last, First, Middle Initial)  
**Daniel J. Kleeschulte**

Mailing Address PO Box 757

City Unadilla State NY Zip Code 13849-0757

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

Name of Employer Cobleskill Stone Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1075.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : A0262F47753A349FC980**

Amount of Each Receipt this Period  
**75.00**

**C.** Full Name (Last, First, Middle Initial)  
**Evan D. Brooker**

Mailing Address c/o Credit Suisse  
11 Madison Ave.

City New York State NY Zip Code 10010-3643

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

Name of Employer Credit Suisse Occupation Investment Banking

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 14 / 2015

**Transaction ID : A6BDFDEC4DFD7492E9F9**

Amount of Each Receipt this Period  
**250.00**

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

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

**400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Kenneth J. Bialkin**

Mailing Address 211 Central Park W

City State Zip Code  
New York NY 10024-6020

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

Name of Employer Occupation  
Skadden Arps Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : AB17A28816B6948248E9**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Mark L Behan**

Mailing Address 86 Glen St

City State Zip Code  
Glens Falls NY 12801-4433

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

Name of Employer Occupation  
Behan Communications President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2015

**Transaction ID : ACDE84AE0905B4492AD8**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Lill**

Mailing Address 118 Hawthorn Dr.

City State Zip Code  
Valatie NY 12184-5006

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

Name of Employer Occupation  
RM Lill Inc. Retired President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 23 / 2015

**Transaction ID : AA760494FDB2042A3B65**

Amount of Each Receipt this Period  
750.00

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

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

3650.00

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Ackerman**

Mailing Address **One Hudson City Center**  
**1E**

City **Hudson** State **NY** Zip Code **12534-2354**

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

Name of Employer **Karp, Ackerman, Skabowski** Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 23 / 2015**

**Transaction ID : AB81CF1B255FE4442948**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas D'Ambra**

Mailing Address **370 Riverview Rd.**

City **Rexford** State **NY** Zip Code **12148-1428**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 17 / 2015**

**Transaction ID : A9E3906B7E4E94096AA8**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Michele Regan**

Mailing Address **136 Monteen Dr.**

City **Henderson** State **NV** Zip Code **89074-3342**

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

Name of Employer **State of NV** Occupation **Welfare E&T Specialist**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 09 / 2015**

**Transaction ID : A66E4B24F841F4E59815**

Amount of Each Receipt this Period  
**250.00**

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

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

**3200.00**

**SCHEDULE A (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 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph DeMarco**

Mailing Address 12 Surrey Dr

City State Zip Code  
Riverside CT 06878-1516

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

Name of Employer Occupation  
DeVore & DeMarco Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 31 / 2015

**Transaction ID : A29D90F3B510D4F89A31**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Bonnie Yochelson**

Mailing Address 335 Greenwich St., Apt. 2C

City State Zip Code  
New York NY 10013-3321

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

Name of Employer Occupation  
Self-employed Art Historian

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 10 / 2015

**Transaction ID : AC9EF4ECA7B06426B975**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jennifer Singer**

Mailing Address 40 West 57th St.  
c/o Elliott Management Corp.

City State Zip Code  
New York NY 10019-4001

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

Name of Employer Occupation  
None N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 21 / 2015

**Transaction ID : A349E3F5AB9654F8285B**

Amount of Each Receipt this Period  
2700.00

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert J. Poulson**

Mailing Address 29 Pioneer Street

City State Zip Code  
Cooperstown NY 13326-1050

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : AD3DE10CF171A4D28A3F**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Eugene Quirk**

Mailing Address 4 Elizabeth Lane

City State Zip Code  
Schuylerville NY 12871-1876

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

Name of Employer Occupation  
The Adirondack Trust Co. Insurance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : A4257CAC51A7F4D9BA70**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas O'Connor**

Mailing Address 465 Saratoga St.

City State Zip Code  
Cohoes NY 12047-4626

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

Name of Employer Occupation  
Mohawk Paper Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 24 / 2015

**Transaction ID : AF83D2619920C44BFAF0**

Amount of Each Receipt this Period  
2200.00

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Czajka**

Mailing Address **PO Box 76**

City **Livingston** State **NY** Zip Code **12541-0076**

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

Name of Employer **Columbia County** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 17 / 2015**

**Transaction ID : AEC43B6086A4B4F93B7D**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Stephanie Collins**

Mailing Address **500 Braim Road**

City **Greenfield Center** State **NY** Zip Code **12833-1736**

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

Name of Employer **None** Occupation **Unemployed**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : A3BE763A2EB64430A994**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Michael Falcone**

Mailing Address **333 W. Washington St.  
Suite 600**

City **Syracuse** State **NY** Zip Code **13202-9203**

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

Name of Employer **Pioneer Companies** Occupation **Chairman Emeritus**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

**Transaction ID : AEB8A5A8973EA48689A0**

Amount of Each Receipt this Period  
**1000.00**

**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 74 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Howard Mills**

Mailing Address 9 Darlene Dr

City State Zip Code  
Goshen NY 10924-5045

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

Name of Employer Occupation  
Deloitte LLP Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015

**Transaction ID : A8FFB831E6C994B439F7**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. William Eimicke**

Mailing Address 76 Phelps Rd

City State Zip Code  
Old Chatham NY 12136-2224

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

Name of Employer Occupation  
columbia university Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 24 / 2015

**Transaction ID : A780397BA5259478182A**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Rosen**

Mailing Address 62 Brown Road

City State Zip Code  
Valatie NY 12184-3611

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

Name of Employer Occupation  
Food Industry Allicance of NYS CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015

**Transaction ID : A0323ED382EBA4590A02**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 75 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Optometric Association**

Mailing Address 1505 Prince Street  
Suite 300

City Alexandria State VA Zip Code 22314-2874

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A470DB41F93454E4F848**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Matt Willette**

Mailing Address 1505 Prince St.  
Suite 300

City Alexandria State VA Zip Code 22314-2874

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

Name of Employer Occupation  
American Optometric Association Officer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A29E5FF43A8564687BF7**

Amount of Each Receipt this Period  
1350.00

**[MEMO ITEM]**  
Partnership: American Optometric Association

**C.** Full Name (Last, First, Middle Initial)  
**Dunn Materials Group, LLC**

Mailing Address 2 Beekman Court

City Loudonville State NY Zip Code 12211-2635

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : A613384DB3B254448B1B**

Amount of Each Receipt this Period  
1000.00

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

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

3700.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 76 OF 152

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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Dunn**

Mailing Address **2 Beekman Court**

City **Loudonville** State **NY** Zip Code **12211-2635**

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

Name of Employer Information Requested  
 Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : A970BED9D49194EE5BC9**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**  
 Partnership: Dunn Materials Group, LLC

**B.** Full Name (Last, First, Middle Initial)  
**Impatiens Holsteins & Embryo Transfer**

Mailing Address **719 County Hwy 18**

City **South New Berlin** State **NY** Zip Code **13843-3138**

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

Name of Employer  
 Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : AA7CB38F4C5374D3481E**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**James Powers**

Mailing Address **719 County Hwy 18**

City **South New Berlin** State **NY** Zip Code **13843-3138**

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

Name of Employer Information Requested  
**Impatiens Holsteins & Embryo Transfer**  
 Occupation Information Requested  
**Owner**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : A21D87F506D404224BB3**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 Partnership: Impatiens Holsteins & Embryo Transfer

**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 77 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Casale Public Affairs**

Mailing Address 29 Pioneer St.

City State Zip Code  
Cooperstown NY 13326-1050

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015

**Transaction ID : A2406397DAF9B46ACBC0**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Anthony J. Casale**

Mailing Address 29 Pioneer Street

City State Zip Code  
Cooperstown NY 13326-1050

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

Name of Employer Occupation  
Casale Public Affairs Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015

**Transaction ID : A1680F9AAF6A64BA194D**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Partnership: Casale Public Affairs

**C.** Full Name (Last, First, Middle Initial)  
**American Optometric Association**

Mailing Address 1505 Prince Street  
Suite 300

City State Zip Code  
Alexandria VA 22314-2874

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : A0C42C599AF5B49389CD**

Amount of Each Receipt this Period  
2300.00

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

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

2550.00

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

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

FOR LINE NUMBER: PAGE 78 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Matt Willette**

Mailing Address 1505 Prince St.  
Suite 300

City Alexandria State VA Zip Code 22314-2874

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

Name of Employer American Optometric Association Occupation Officer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : A012FB16C23A0468ABC3**

Amount of Each Receipt this Period  
1150.00

**[MEMO ITEM]**  
Partnership: American Optometric Association

**B.** Full Name (Last, First, Middle Initial)  
**Julie Trute**

Mailing Address 1505 Prince St.  
Suite 300

City Alexandria State VA Zip Code 22314-2874

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

Name of Employer American Optometric Association Occupation Officer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : AC47F1EAC82A24F4583A**

Amount of Each Receipt this Period  
1150.00

**[MEMO ITEM]**  
Partnership: American Optometric Association

**C.** Full Name (Last, First, Middle Initial)  
**Tonio Burgos & Associates of New Jersey, LLC**

Mailing Address 115 Broadway, Suite 1504

City New York State NY Zip Code 10006-1619

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 09 / 2015

**Transaction ID : AF159F2349BC940D0B7E**

Amount of Each Receipt this Period  
2700.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tony Burgos**

Mailing Address 115 Broadway  
Suite 1504

City State Zip Code  
New York NY 10006-1619

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

Name of Employer Occupation  
Tonio Burgos & Associates of New Jerse Strategic Planning

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2015

**Transaction ID : A99DE0DA103E64A30A41**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Partnership: Tonio Burgos & Associates of New Jersey, LLC

**B.** Full Name (Last, First, Middle Initial)  
**Parc Partners, LLC**

Mailing Address 254 Wolf Road

City State Zip Code  
Latham NY 12110-4805

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : A67171E1C8CA4416CBF0**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Scaring**

Mailing Address 254 Wolf Rd.

City State Zip Code  
Latham NY 12110-4805

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

Name of Employer Occupation  
Parc Partners, LLC Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : A6DB98CDB20F94ACFBFF**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Partnership: Parc Partners, LLC

**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: PAGE 80 OF 152  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Heermance Farm, LLC**

Mailing Address 512 Seventh Ave.

City State Zip Code  
New York NY 10018

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : A314EA7DB96644889845**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Neil Bender**

Mailing Address 512 Seventh Ave.

City State Zip Code  
New York NY 10018

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

Name of Employer Occupation  
Heermance Farm, LLC Officer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : AA6E2D6045F7D48EAB95**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
Partnership: Heermance Farm, LLC

**C.** Full Name (Last, First, Middle Initial)  
**The Vandervort Group, LLC**

Mailing Address 194 Washington Ave., Suite 305

City State Zip Code  
Albany NY 12210-2314

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : A42D46199FBFB4BC193C**

Amount of Each Receipt this Period  
 250.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 152
	<input 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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Todd H Vandervort**

Mailing Address 37 Springfield Drive

City: Voorheesville State: NY Zip Code: 12186-9321

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

Name of Employer: The Vandervort Group, LLC Occupation: President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 15 / 2015

Transaction ID : **A6EE70682B55B4569B24**

Amount of Each Receipt this Period: 250.00

**[MEMO ITEM]**  
Partnership: The Vandervort Group, LLC

**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).....

0.00

203918.79

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Reynolds For Congress**

Mailing Address 171 Sullys Trl  
c/o Bonadio & Co., LLP

City Pittsford State NY Zip Code 14534-4557

FEC ID number of contributing federal political committee. **C** C00336065

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : ACA9AD10C080E464F936**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Elekta Holdings US, Inc. PAC**

Mailing Address 400 Permi Ctr Ter NE  
Ste 50

City Atlanta State GA Zip Code 30346-1227

FEC ID number of contributing federal political committee. **C** C00570895

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : A7D10C8D44F054322AC7**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Oldcastle Materials Inc Pac**

Mailing Address 101 Constitution Ave NW  
Ste 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : A71B8D480228E459BBC3**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 152
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>E-PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 29 / 2015
Mailing Address PO Box 500		<b>Transaction ID : ADE12FDBB04C040598E7</b>
City Glens Falls	State Zip Code NY 12801-0500	
FEC ID number of contributing federal political committee. <b>C C00570945</b>		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>COREPAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2015
Mailing Address 325 7th St NW Ste 600		<b>Transaction ID : A37D228EA61A84EF194C</b>
City Washington	State Zip Code DC 20004-2805	
FEC ID number of contributing federal political committee. <b>C C00033589</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Citizens For Sports &amp; Arts, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2015
Mailing Address 5812 Queens Blvd		<b>Transaction ID : ADEDC0E698D574AE9B14</b>
City Woodside	State Zip Code NY 11377-7765	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 152
	<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)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Excelsior PAC**

Mailing Address 824 S Milledge Ave  
Ste 101

City Athens State GA Zip Code 30605-1332

FEC ID number of contributing federal political committee. **C** C00541078

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : A3ACCE13D1C5A497892D**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Friends Of Jim Buhrmaster**

Mailing Address 415 Sacandaga Rd  
Ste 1

City Scotia State NY Zip Code 12302-2826

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : A5B129447FA7E490FBDE**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**National Association Of Wholesaler-Distributors PAC**

Mailing Address 1325 G St NW  
Ste 1000

City Washington State DC Zip Code 20005-3134

FEC ID number of contributing federal political committee. **C** c00109306

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : A4BF9A4AD52A94032B17**

Amount of Each Receipt this Period  
1000.00

**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: PAGE 85 OF 152  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A. Conservative Opportunity Leadership & Enterprise PAC (Cole P)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12176 Chancery Station Cir  
 City State Zip Code  
 Reston VA 20190-5803  
 FEC ID number of contributing federal political committee. **C C00404392**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : AC342FA8AF8654C4AAED**  
 Amount of Each Receipt this Period  
 2000.00

**B. CNA Citizens For Good Government**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 S Wabash Ave  
 City State Zip Code  
 Chicago IL 60604-4107  
 FEC ID number of contributing federal political committee. **C C00078287**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : AF00A12CE50C1496CA0E**  
 Amount of Each Receipt this Period  
 500.00

**C. Financial Service Centers of America, Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 19th St NW  
 Ste 700  
 City State Zip Code  
 Washington DC 20036-6121  
 FEC ID number of contributing federal political committee. **C C00232843**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2015  
**Transaction ID : AF4B2FBE1FBA042169CA**  
 Amount of Each Receipt this Period  
 1000.00

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

3500.00

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

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

FOR LINE NUMBER: PAGE 86 OF 152  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fluor Corporation PAC**

Mailing Address 403 E Capitol St SE

City Washington State DC Zip Code 20003-3810

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 23 / 2015

**Transaction ID : A1181C11F56F9433AA10**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Food Industry PAC-NYC**

Mailing Address 130 Washington Ave

City Albany State NY Zip Code 12210-2219

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : ACE2B365488564FBB8D2**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eversource Energy Political Action Committee**

Mailing Address 901 F St NW  
Ste 602

City Washington State DC Zip Code 20004-1475

FEC ID number of contributing federal political committee. **C** C00102160

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : A7D855BBDBEC54B02A50**

Amount of Each Receipt this Period  
500.00

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

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

3500.00

15600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Charles V Wait</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 658 N Broadway		Amount of Each Disbursement this Period 2618.79 <b>Transaction ID : BA81989FA666C4846BE1</b>
City Saratoga Springs	State NY	
Purpose of Disbursement In-kind: food & beverages		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 98.00 <b>Transaction ID : BCB1FB38FF61C4820AFA</b>
City Kinderhook	State NY	
Purpose of Disbursement postage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Qgiv</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 53 Lake Morton Drive		Amount of Each Disbursement this Period 2054.56 <b>Transaction ID : BF8A05ED8EE424CC09F0</b>
City Lakeland	State FL	
Purpose of Disbursement credit card processing fee		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4771.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoffman House Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 94 N Front St.		Amount of Each Disbursement this Period 208.36 <b>Transaction ID : BEF63ABCE0F414C94ABD</b>
City Kingston	State NY	
Purpose of Disbursement meeting		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 316.27 <b>Transaction ID : B83DC16198AB646949E5</b>
City Hudson	State NY	
Purpose of Disbursement office supplies		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 39.20 <b>Transaction ID : B4083483D152F4C4688F</b>
City Kinderhook	State NY	
Purpose of Disbursement postage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	563.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 152			
	<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)  
**Faso for Congress**

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

Mailing Address 350 Fairview Ave.

City Hudson State NY Zip Code 12534-1224

Purpose of Disbursement office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 06 / 2015

Amount of Each Disbursement this Period: 63.45

Transaction ID : B25D07EC751804543B5C

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**B. Scott Howell & Company**

Mailing Address ATTN: Accounting  
3900 Willow St., Suite 200

City Dallas State TX Zip Code 75226-1248

Purpose of Disbursement Media consultant

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 07 / 2015

Amount of Each Disbursement this Period: 6000.00

Transaction ID : B373D44C50B8A4A428D4

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**c. Connect Strategic Communications LLC**

Mailing Address PO Box 141251

City Dallas State TX Zip Code 75214-1251

Purpose of Disbursement Media consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 07 / 2015

Amount of Each Disbursement this Period: 4339.48

Transaction ID : B216DB8C3B47941EC938

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 10402.93

**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 90 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Scott Howell &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address ATTN: Accounting 3900 Willow St., Suite 200		Amount of Each Disbursement this Period 4500.00
City Dallas	State TX	Zip Code 75226-1248
Purpose of Disbursement Media consultant	Category/ Type 001	
Candidate Name	Transaction ID : B4EB8EEDF8C134E6C976	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fort Orange Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 110 Washington Ave.		Amount of Each Disbursement this Period 8048.83
City Albany	State NY	Zip Code 12210-2203
Purpose of Disbursement Fundraising expense	Category/ Type 003	
Candidate Name	Transaction ID : BF044C0BCAEC34C479CB	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 30.00
City Kinderhook	State NY	Zip Code 12106-9998
Purpose of Disbursement postage	Category/ Type 001	
Candidate Name	Transaction ID : B532CBB6C482649CF87E	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12578.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Laura A. Schwartz</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 55 Overlook Dr.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : B168DA25349F8432689D</b>
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement Accounting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Laura A. Schwartz</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 55 Overlook Dr.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : B59B95AF8575A438687F</b>
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement Accounting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Laura A. Schwartz</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 55 Overlook Dr.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : BC55724C675E2428A8B5</b>
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement Accounting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Digital Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 5 Sand Creek Rd.		Amount of Each Disbursement this Period 524.77 <b>Transaction ID : B320A237DDCD0458D9D1</b>
City Albany State NY Zip Code 12205-1400	Purpose of Disbursement campaign mailing letter Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Courtyard Marriott</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 1533 Clarendon Blvd.		Amount of Each Disbursement this Period 236.17 <b>Transaction ID : BE258A85AF2784658B18</b>
City Arlington State VA Zip Code 22209-2701	Purpose of Disbursement Hotel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 5120 W Goldleaf Circle		Amount of Each Disbursement this Period 1984.07 <b>Transaction ID : BC113EF8B85CE4A8485B</b>
City Los Angeles State CA Zip Code 90056-1292	Purpose of Disbursement credit card processing fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2745.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Merchant Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 5120 W Goldleaf Circle			Amount of Each Disbursement this Period 434.50 <b>Transaction ID : B3224F794F0D14FD3915</b>
City Los Angeles	State CA	Zip Code 90056-1292	
Purpose of Disbursement credit card processing fee		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Merchant Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 5120 W Goldleaf Circle			Amount of Each Disbursement this Period 91.31 <b>Transaction ID : B0810F988B2B34F5DAC6</b>
City Los Angeles	State CA	Zip Code 90056-1292	
Purpose of Disbursement credit card processing fee		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. Digital Express</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 5 Sand Creek Rd.			Amount of Each Disbursement this Period 597.47 <b>Transaction ID : B8E782AC041BB4D00AD3</b>
City Albany	State NY	Zip Code 12205-1400	
Purpose of Disbursement printing: lapel stickers		Candidate Name	Category/ Type 006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1123.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 152		
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : B6E8C193ADDD54BCE9C3</b>
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement database fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 63.78 <b>Transaction ID : B70727E29E256455A90C</b>
City Hudson	State NY Zip Code 12534-1224	
Purpose of Disbursement office supplies	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ulster County Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address PO Box 3413		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : B5CF6AB62897B4E4BA86</b>
City Kingston	State NY Zip Code 12402-3413	
Purpose of Disbursement Journal Ad	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1013.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 39.20
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement postage	<b>Transaction ID : B94100807818943728A8</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mid-Hudson Cablevision</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address PO Box 1354		Amount of Each Disbursement this Period 213.24
City Williston	State VT	
Zip Code 05495-1354	Purpose of Disbursement internet	<b>Transaction ID : B7685AA30FF314F23A23</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 5.75
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement postage	<b>Transaction ID : B797BDA552E624F46B9D</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	258.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : BB7E73E5C7B314AE3A8B</b>
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 21.60 <b>Transaction ID : B0830E58407DB42F58B8</b>
City Hudson	State NY	
Zip Code 12534-1224	Purpose of Disbursement office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 25.03 <b>Transaction ID : BBB168C7D83154209A48</b>
City Hudson	State NY	
Zip Code 12534-1224	Purpose of Disbursement office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Laura A. Schwartz</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2015</b>
Mailing Address 55 Overlook Dr.		Amount of Each Disbursement this Period <b>2500.00</b> Transaction ID : <b>BF409C3F99AD44FADB37</b>
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement Accounting services	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2015</b>
Mailing Address 1650 W 82nd St #300		Amount of Each Disbursement this Period <b>76.00</b> Transaction ID : <b>B8438992109A04AE9B6D</b>
City Minneapolis	State MN	
Zip Code 55431-1441	Purpose of Disbursement payroll processing fee	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Valatie Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2015</b>
Mailing Address PO Box 98		Amount of Each Disbursement this Period <b>40.72</b> Transaction ID : <b>BAD631FD6A7C94CB4AD2</b>
City South Salem	State NY	
Zip Code 10590-0098	Purpose of Disbursement gas station	Category/ Type <b>002</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2616.72</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 01 I St NE			Amount of Each Disbursement this Period 88.00 <b>Transaction ID : BB88543519D0A42B483C</b>
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement travel	Candidate Name		Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 01 I St NE			Amount of Each Disbursement this Period 34.00 <b>Transaction ID : B78E6E020C9FE472AB4D</b>
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement travel	Candidate Name		Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Qgiv</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 53 Lake Morton Drive			Amount of Each Disbursement this Period 261.76 <b>Transaction ID : B54FAE935CD8A4DCBAF4</b>
City Lakeland	State FL	Zip Code 33801-5344	
Purpose of Disbursement credit card processing fee	Candidate Name		Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	383.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 8.91 <b>Transaction ID : B6F41A5C6391C42C1A7B</b>
City Hudson State NY Zip Code 12534-1224	Purpose of Disbursement office supplies Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 602.54 <b>Transaction ID : BE41BF0271E8241A1B3D</b>
City Hudson State NY Zip Code 12534-1224	Purpose of Disbursement office supplies Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : BD7EE696E8D7743D1856</b>
City Kinderhook State NY Zip Code 12106-9998	Purpose of Disbursement Postage Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	811.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 01 I St NE		Amount of Each Disbursement this Period 106.00 <b>Transaction ID : B5BDF7272DD3142C7A73</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement travel 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : B93A8ADD1FDEE4740819</b>
City Kinderhook State NY Zip Code 12106-9998	Purpose of Disbursement postage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 21.60 <b>Transaction ID : B15E6B6DFEBCB40B699F</b>
City Hudson State NY Zip Code 12534-1224	Purpose of Disbursement office supplies 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	427.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 350 Fairview Ave.

City Hudson State NY Zip Code 12534-1224

Purpose of Disbursement office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 07 / 2015

Amount of Each Disbursement this Period: 26.12

Transaction ID : B5A2C77D7D1764AF5B27

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Emerson Photography**

Mailing Address 2491 New Scotland Ave.

City Voorheesville State NY Zip Code 12186-5015

Purpose of Disbursement Portraits

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 09 / 2015

Amount of Each Disbursement this Period: 500.00

Transaction ID : BDA56FB1A3445451CA70

Category/Type: 001

Full Name (Last, First, Middle Initial)

**C. Mid-Hudson Cablevision**

Mailing Address PO Box 1354

City Williston State VT Zip Code 05495-1354

Purpose of Disbursement internet

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 09 / 2015

Amount of Each Disbursement this Period: 153.90

Transaction ID : BBE3C6AB0F500449294D

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 680.02

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Laura A. Schwartz</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 55 Overlook Dr.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : BE8393CBEDE55482592B</b>
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement accounting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address P.O. Box 36647		Amount of Each Disbursement this Period 414.95 <b>Transaction ID : B9C8D86F5FE674892B71</b>
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement airfare	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 5120 W Goldleaf Circle		Amount of Each Disbursement this Period 843.87 <b>Transaction ID : B6C2C44C14AC941FA806</b>
City Los Angeles	State CA	
Zip Code 90056-1292	Purpose of Disbursement credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3758.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 5120 W Goldleaf Circle		Amount of Each Disbursement this Period 146.32 <b>Transaction ID : B7036F1E850F54BE685A</b>
City Los Angeles	State CA	
Zip Code 90056-1292	Purpose of Disbursement credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 5120 W Goldleaf Circle		Amount of Each Disbursement this Period 1514.18 <b>Transaction ID : BCAF4CA7457CE43B4AAA</b>
City Los Angeles	State CA	
Zip Code 90056-1292	Purpose of Disbursement credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 16.57 <b>Transaction ID : BF4230888C3544AE487B</b>
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1677.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valatie Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address PO Box 98		Amount of Each Disbursement this Period 39.23 <b>Transaction ID : B82C36D3A158A4873A03</b>
City South Salem	State NY	
Zip Code 10590-0098	Purpose of Disbursement gas	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 701.98 <b>Transaction ID : B12680FFFB24D4C6BAA1</b>
City Hudson	State NY	
Zip Code 12534-1224	Purpose of Disbursement office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Occasions Caterers</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 655 Taylor St. NE		Amount of Each Disbursement this Period 1287.80 <b>Transaction ID : BEC8A4CFCCBC4A129AA</b>
City Washington	State DC	
Zip Code 20017-2063	Purpose of Disbursement food & beverages	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2029.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hudson Register</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address One Hudson City Center		Amount of Each Disbursement this Period 5.00 <b>Transaction ID : BD741ADD0C14345A9B78</b>
City Hudson	State NY Zip Code 12534-2354	
Purpose of Disbursement subscription	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 01 I St NE		Amount of Each Disbursement this Period 80.90 <b>Transaction ID : B3FEFEA244DA84E53B29</b>
City Washington	State DC Zip Code 20002	
Purpose of Disbursement train	002 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Scott Howell &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address ATTN: Accounting 3900 Willow St., Suite 200		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : BF75CB59380234D85947</b>
City Dallas	State TX Zip Code 75226-1248	
Purpose of Disbursement video production	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5085.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 19 / 2015</b>
Mailing Address <b>205 Pennsylvania Ave., SE</b>		Amount of Each Disbursement this Period <b>650.00</b> <b>Transaction ID : B6F59311044634D4BB4D</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1164</b>	Purpose of Disbursement database fee Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 23 / 2015</b>
Mailing Address <b>3 Hudson St.</b>		Amount of Each Disbursement this Period <b>100.00</b> <b>Transaction ID : B456E97FA638D49D5BAB</b>
City <b>Kinderhook</b> State <b>NY</b> Zip Code <b>12106-9998</b>	Purpose of Disbursement postage Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Connect Strategic Communications LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 23 / 2015</b>
Mailing Address <b>PO Box 141251</b>		Amount of Each Disbursement this Period <b>6744.60</b> <b>Transaction ID : B1456D89AD2B5400FBBE</b>
City <b>Dallas</b> State <b>TX</b> Zip Code <b>75214-1251</b>	Purpose of Disbursement Social media ads Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7494.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : BB330932FE2D04069AAC</b>
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : B863F5F26C9C841CEBF5</b>
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 1650 W 82nd St #300		Amount of Each Disbursement this Period 76.00 <b>Transaction ID : B2CB90456E4E945EBD2</b>
City Minneapolis	State MN	
Zip Code 55431-1441	Purpose of Disbursement payroll processing fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	151.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Martin Nemer VW</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 550 Troy Schenectady Rd.		Amount of Each Disbursement this Period 107.95 <b>Transaction ID : BB48AC5017F33489DA56</b>
City Latham State NY Zip Code 12110-2826	Purpose of Disbursement car expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Howe Caverns</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 255 Discovery Dr.		Amount of Each Disbursement this Period 1732.00 <b>Transaction ID : B3729A33F541C4D76B56</b>
City Howes Cave State NY Zip Code 12092-2311	Purpose of Disbursement Fundraiser expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Times Journal</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 19 Division St.		Amount of Each Disbursement this Period 263.03 <b>Transaction ID : B770C8D3B90C54821BF7</b>
City Cobleskill State NY Zip Code 12043	Purpose of Disbursement newspaper Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2102.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Qgiv</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 53 Lake Morton Drive		Amount of Each Disbursement this Period 88.00 <b>Transaction ID : BAF46B66EB56547CBB34</b>
City Lakeland	State FL	
Zip Code 33801-5344	Purpose of Disbursement credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Epiphany Productions</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 104 Hume Ave.		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : B2FA628670F234D07ACB</b>
City Alexandria	State VA	
Zip Code 22301-1015	Purpose of Disbursement facilities fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 58.80 <b>Transaction ID : BBBC98DA16DCE44A5B47</b>
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	496.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Otesaga Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 60 Lake St.		Amount of Each Disbursement this Period 2014.35 <b>Transaction ID : BB5E2906CAE504E5BACD</b>
City Cooperstown	State NY	
Zip Code 13326-1042	Purpose of Disbursement Fundraising expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Digital Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 5 Sand Creek Rd.		Amount of Each Disbursement this Period 397.21 <b>Transaction ID : B5D040ED9EC26422BB11</b>
City Albany	State NY	
Zip Code 12205-1400	Purpose of Disbursement envelopes	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Digital Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 5 Sand Creek Rd.		Amount of Each Disbursement this Period 3920.25 <b>Transaction ID : BDA8E687F977D4750A76</b>
City Albany	State NY	
Zip Code 12205-1400	Purpose of Disbursement mailing	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6331.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Claverack Cooperative Insurance co.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address PO Box 779			Amount of Each Disbursement this Period 701.22	
City Kinderhook	State NY	Zip Code 12106-0779	Transaction ID : <b>B76842C40B30B4EB1B46</b>	
Purpose of Disbursement insurance		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Connect Strategic Communications LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address PO Box 141251			Amount of Each Disbursement this Period 3774.69	
City Dallas	State TX	Zip Code 75214-1251	Transaction ID : <b>BC047D9EB35214BB8BCE</b>	
Purpose of Disbursement Social media ads		Category/Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Push Digital, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address PO Box 7431			Amount of Each Disbursement this Period 40.00	
City Columbia	State SC	Zip Code 29202-7431	Transaction ID : <b>B6C418C3289C746839FA</b>	
Purpose of Disbursement website hosting		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4515.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valatie Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO Box 98		Amount of Each Disbursement this Period 33.27
City South Salem	State NY	
Zip Code 10590-0098	Purpose of Disbursement gas	<b>Transaction ID : B2E46DDB7F8584453963</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Valatie Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address PO Box 98		Amount of Each Disbursement this Period 16.99
City South Salem	State NY	
Zip Code 10590-0098	Purpose of Disbursement gas	<b>Transaction ID : B48331A6502F94250B86</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 31.40
City Hudson	State NY	
Zip Code 12534-1224	Purpose of Disbursement office supplies	<b>Transaction ID : B7110AED4499F4869845</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	81.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Times Journal</b>		M M / D D / Y Y Y Y 12 / 10 / 2015	
Mailing Address 19 Division St.		Amount of Each Disbursement this Period	
City State Zip Code Cobleskill NY 12043		20.00 <b>Transaction ID : BF8DF15A33DB34521B60</b>	
Purpose of Disbursement newspaper		001	
Candidate Name		Category/Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Wells Fargo Merchant Services</b>		M M / D D / Y Y Y Y 12 / 10 / 2015	
Mailing Address 5120 W Goldleaf Circle		Amount of Each Disbursement this Period	
City State Zip Code Los Angeles CA 90056-1292		555.85 <b>Transaction ID : BE2209814608D4374AAC</b>	
Purpose of Disbursement credit card processing fee		003	
Candidate Name		Category/Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Wells Fargo Merchant Services</b>		M M / D D / Y Y Y Y 12 / 10 / 2015	
Mailing Address 5120 W Goldleaf Circle		Amount of Each Disbursement this Period	
City State Zip Code Los Angeles CA 90056-1292		136.49 <b>Transaction ID : B17860E705A274BF48C6</b>	
Purpose of Disbursement credit card processing fee		003	
Candidate Name		Category/Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	712.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 5120 W Goldleaf Circle		Amount of Each Disbursement this Period 104.33 <b>Transaction ID : B40370A9001EF4534B77</b>
City Los Angeles	State CA Zip Code 90056-1292	
Purpose of Disbursement credit card processing fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Limestone Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 5975 Castle Creek Parkway North Dr		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : BB22319743AF94CDC9EF</b>
City Indianapolis	State IN Zip Code 46250-4340	
Purpose of Disbursement Political Strategy consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Valatie Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address PO Box 98		Amount of Each Disbursement this Period 41.41 <b>Transaction ID : BFFE07EFF85F548F8993</b>
City South Salem	State NY Zip Code 10590-0098	
Purpose of Disbursement gas	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2145.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 152			
	<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)  
**Faso for Congress**

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

Mailing Address 350 Fairview Ave.

City Hudson State NY Zip Code 12534-1224

Purpose of Disbursement office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 14 / 2015

Amount of Each Disbursement this Period: 29.74

Transaction ID : B7FBE2993DBAF43D4ACD

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**B. Mid-Hudson Cablevision**

Mailing Address PO Box 1354

City Williston State VT Zip Code 05495-1354

Purpose of Disbursement internet

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 14 / 2015

Amount of Each Disbursement this Period: 153.90

Transaction ID : B0F1E2891078147E79F3

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**c. Staples**

Mailing Address 350 Fairview Ave.

City Hudson State NY Zip Code 12534-1224

Purpose of Disbursement office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 16 / 2015

Amount of Each Disbursement this Period: 18.35

Transaction ID : BD0D3FD85045A44A0AF5

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 201.99

**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 116 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : BF673CF02B27D47A894C</b>
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement database fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Digital Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 5 Sand Creek Rd.		Amount of Each Disbursement this Period 468.62 <b>Transaction ID : B983572E4ECC643C48B2</b>
City Albany	State NY Zip Code 12205-1400	
Purpose of Disbursement posters	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Digital Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 5 Sand Creek Rd.		Amount of Each Disbursement this Period 50.15 <b>Transaction ID : B7B0D9D81C34543858FE</b>
City Albany	State NY Zip Code 12205-1400	
Purpose of Disbursement printing	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1168.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Digital Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 5 Sand Creek Rd.		Amount of Each Disbursement this Period 153.56 <b>Transaction ID : B0BFA2CD7CBAC4FF7852</b>
City Albany State NY Zip Code 12205-1400	Purpose of Disbursement business cards Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Digital Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 5 Sand Creek Rd.		Amount of Each Disbursement this Period 689.37 <b>Transaction ID : B51C5C14559EB403D97F</b>
City Albany State NY Zip Code 12205-1400	Purpose of Disbursement printing Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Digital Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 5 Sand Creek Rd.		Amount of Each Disbursement this Period 2792.20 <b>Transaction ID : BE4E891027B0C4D9EA1B</b>
City Albany State NY Zip Code 12205-1400	Purpose of Disbursement printing Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3635.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Digital Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 5 Sand Creek Rd.		Amount of Each Disbursement this Period 294.38 <b>Transaction ID : BC9B83C1F5C134616BDB</b>
City Albany State NY Zip Code 12205-1400	Purpose of Disbursement palm cards Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 6.70 <b>Transaction ID : B172409B8C88E471B8F4</b>
City Kinderhook State NY Zip Code 12106-9998	Purpose of Disbursement postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 8.95 <b>Transaction ID : B0B636A7971F34F859AB</b>
City Kinderhook State NY Zip Code 12106-9998	Purpose of Disbursement postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	310.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 470.00 <b>Transaction ID : BEF0C4339EE154F919D2</b>
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : B4F0B4083C3094DDB9EA</b>
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Valatie Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address PO Box 98		Amount of Each Disbursement this Period 34.75 <b>Transaction ID : BF7653BAAF74C47E3A9F</b>
City South Salem	State NY	
Zip Code 10590-0098	Purpose of Disbursement gas	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	604.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 9.55 <b>Transaction ID : BD9E5E2E6BB9F451C991</b>
City Hudson	State NY Zip Code 12534-1224	
Purpose of Disbursement office supplies	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vonage Business</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 5619 Bergenline Ave.		Amount of Each Disbursement this Period 142.23 <b>Transaction ID : B0BD1989F46A44098BCF</b>
City West New York	State NJ Zip Code 07093-1215	
Purpose of Disbursement office expense	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hope Costa</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 123 Rose Lane		Amount of Each Disbursement this Period 1602.83 <b>Transaction ID : B2ADF080333B64C6596C</b>
City Hurleyville	State NY Zip Code 12747-5001	
Purpose of Disbursement wages	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1754.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Payroll</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 1650 W 82nd St #300			Amount of Each Disbursement this Period 76.00
City Minneapolis	State MN	Zip Code 55431-1441	Transaction ID : B63FD67932109497C9E4
Purpose of Disbursement payroll fee		001 Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Payroll</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 1650 W 82nd St #300			Amount of Each Disbursement this Period 3781.17
City Minneapolis	State MN	Zip Code 55431-1441	Transaction ID : B7CF651B8B4B7438CA53
Purpose of Disbursement payroll taxes		001 Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. New York State Tax Dept.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address State Processing Center PO Box 61000			Amount of Each Disbursement this Period 839.42
City Albany	State NY	Zip Code 12261-0001	Transaction ID : B09577DC74C75493C9C7
Purpose of Disbursement taxes		001 Category/ Type	
Candidate Name			[MEMO ITEM]
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3857.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. IRS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 37009		Amount of Each Disbursement this Period 2941.75
City Hartford	State CT	
Zip Code 06176-7009	Purpose of Disbursement taxes	Transaction ID : B21BC613028F5443A8D1
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address PO Box 272		Amount of Each Disbursement this Period 1420.19
City Philmont	State NY	
Zip Code 12565-0272	Purpose of Disbursement office supplies	Transaction ID : B476A7CA3867540FA8AD
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015
Mailing Address 460 Fairview Ave.		Amount of Each Disbursement this Period 316.65
City Hudson	State NY	
Zip Code 12534-1018	Purpose of Disbursement furniture	Transaction ID : BAF8312A02C0543F1836
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1420.19
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 350 Fairview Ave.

City Hudson State NY Zip Code 12534-1224

Purpose of Disbursement office equipment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 26 / 2015

Amount of Each Disbursement this Period: 503.22

Transaction ID : B5C20B42572564034BDB

[MEMO ITEM]

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Walmart**

Mailing Address 460 Fairview Ave.

City Hudson State NY Zip Code 12534-1018

Purpose of Disbursement furniture

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 26 / 2015

Amount of Each Disbursement this Period: 86.55

Transaction ID : B2EF96EBC0A384D6DA77

[MEMO ITEM]

Category/Type: 001

Full Name (Last, First, Middle Initial)

**C. Walmart**

Mailing Address 460 Fairview Ave.

City Hudson State NY Zip Code 12534-1018

Purpose of Disbursement furniture

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 27 / 2015

Amount of Each Disbursement this Period: 122.63

Transaction ID : B38C611E5266F4737875

[MEMO ITEM]

Category/Type: 001

**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 124 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 460 Fairview Ave.		Amount of Each Disbursement this Period 324.46 <b>Transaction ID : B35EA74EB06B04D78A78</b>
City Hudson State NY Zip Code 12534-1018	Purpose of Disbursement furniture Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. CSC Capital</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 38 Condon Rd.		Amount of Each Disbursement this Period 3324.00 <b>Transaction ID : BC19CD276E42C48B4AE6</b>
City Stillwater State NY Zip Code 12170-1914	Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Christina Sofia-Comer</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 38 Condon Road		Amount of Each Disbursement this Period 3324.00 <b>Transaction ID : B2C6FD6662726456F8A4</b>
City Stillwater State NY Zip Code 12170-1914	Purpose of Disbursement Fundraising consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3324.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 1650 W 82nd St #300		Amount of Each Disbursement this Period 2015.00 <b>Transaction ID : B47048EFEEB934A55AF0</b>
City Minneapolis	State MN Zip Code 55431-1441	
Purpose of Disbursement salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address PO Box 272		Amount of Each Disbursement this Period 2015.00 <b>Transaction ID : BC2FDAD1CFE1F4B989CE</b> <b>[MEMO ITEM]</b>
City Philmont	State NY Zip Code 12565-0272	
Purpose of Disbursement salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The November Team</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : BB821BB145D09491CAB5</b>
City South Salem	State NY Zip Code 10590-0099	
Purpose of Disbursement Communications consultant	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4515.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jessica Proud</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2015</b>
Mailing Address <b>PO Box 99</b>		Amount of Each Disbursement this Period <b>1250.00</b>
City <b>South Salem</b> State <b>NY</b> Zip Code <b>10590-0099</b>	Purpose of Disbursement <b>Communications Consultant</b>	
Candidate Name	<b>001</b> Category/ Type	<b>Transaction ID : B0792F33E60FE4282A9A</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William F.B. O'Reilly</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2015</b>
Mailing Address <b>PO Box 99</b>		Amount of Each Disbursement this Period <b>1250.00</b>
City <b>South Salem</b> State <b>NY</b> Zip Code <b>10590-0099</b>	Purpose of Disbursement <b>Communications Consultant</b>	
Candidate Name	<b>001</b> Category/ Type	<b>Transaction ID : BF8808DE81748491A9AD</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 01 / 2015</b>
Mailing Address <b>PO Box 272</b>		Amount of Each Disbursement this Period <b>534.73</b>
City <b>Philmont</b> State <b>NY</b> Zip Code <b>12565-0272</b>	Purpose of Disbursement <b>office supplies</b>	
Candidate Name	<b>001</b> Category/ Type	<b>Transaction ID : BAE954737F29E4D2284E</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>534.73</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 24.50
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement Postage	Transaction ID : B726DFE4F2853490FBDD
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 55.03
City Hudson	State NY	
Zip Code 12534-1224	Purpose of Disbursement office supplies	Transaction ID : B5FA2FA7617A9478DB2B
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 49.00
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement Postage	Transaction ID : BEFF4E3E797E748D7987
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 05 / 2015</b>
Mailing Address <b>350 Fairview Ave.</b>		Amount of Each Disbursement this Period <b>6.47</b>
City <b>Hudson</b> State <b>NY</b> Zip Code <b>12534-1224</b>	Purpose of Disbursement <b>office supplies</b>	<b>001</b> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : BB19A91DAA1674A6A9B5</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2015</b>
Mailing Address <b>3 Hudson St.</b>		Amount of Each Disbursement this Period <b>112.70</b>
City <b>Kinderhook</b> State <b>NY</b> Zip Code <b>12106-9998</b>	Purpose of Disbursement <b>Postage</b>	<b>001</b> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B859C7B7505894093BC9</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2015</b>
Mailing Address <b>350 Fairview Ave.</b>		Amount of Each Disbursement this Period <b>8.63</b>
City <b>Hudson</b> State <b>NY</b> Zip Code <b>12534-1224</b>	Purpose of Disbursement <b>office supplies</b>	<b>001</b> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B3F8D70B5230B47038C6</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2015</b>
Mailing Address <b>PO Box 272</b>		Amount of Each Disbursement this Period <b>12.87</b>
City <b>Philmont</b>	State <b>NY</b>	Zip Code <b>12565-0272</b>
Purpose of Disbursement standard mileage rate	<b>001</b>	Transaction ID : <b>BE60F38E1B6014959A47</b>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 16 / 2015</b>
Mailing Address <b>350 Fairview Ave.</b>		Amount of Each Disbursement this Period <b>38.53</b>
City <b>Hudson</b>	State <b>NY</b>	Zip Code <b>12534-1224</b>
Purpose of Disbursement office supplies	<b>001</b>	Transaction ID : <b>B10A5A113AD204B11A7E</b>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 17 / 2015</b>
Mailing Address <b>350 Fairview Ave.</b>		Amount of Each Disbursement this Period <b>12.95</b>
City <b>Hudson</b>	State <b>NY</b>	Zip Code <b>12534-1224</b>
Purpose of Disbursement office supplies	<b>001</b>	Transaction ID : <b>BC9B17ACF3836490F987</b>
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 103.95
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement Postage	Transaction ID : B369E2C397FA94215BDF
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 1650 W 82nd St #300		Amount of Each Disbursement this Period 1240.13
City Minneapolis	State MN	
Zip Code 55431-1441	Purpose of Disbursement salary	Transaction ID : BF19B5D0077B540FB8F4
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dain Pascocello</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 29 Mockingbird Court		Amount of Each Disbursement this Period 1240.13
City Hopewell Junction	State NY	
Zip Code 12533-5249	Purpose of Disbursement salary	Transaction ID : B03E71887673F4A2D876
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1240.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. The November Team</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : B123E71AC0196469EA8A</b>
City South Salem	State NY	
Zip Code 10590-0099	Purpose of Disbursement Communications Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jessica Proud</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : B7D0251216A16467089A</b> <b>[MEMO ITEM]</b>
City South Salem	State NY	
Zip Code 10590-0099	Purpose of Disbursement Communications Consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. William F.B. O'Reilly</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : B1ADD67757A5E4AA1ADF</b> <b>[MEMO ITEM]</b>
City South Salem	State NY	
Zip Code 10590-0099	Purpose of Disbursement Communications Consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address 1650 W 82nd St #300		Amount of Each Disbursement this Period 791.16
City Minneapolis	State MN	Zip Code 55431-1441
Purpose of Disbursement taxes	001 Category/Type	
Candidate Name	Transaction ID : <b>BBFEB608F348C45BFACD</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New York State Tax Dept.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address State Processing Center PO Box 61000		Amount of Each Disbursement this Period 185.85
City Albany	State NY	Zip Code 12261-0001
Purpose of Disbursement taxes	001 Category/Type	
Candidate Name	Transaction ID : <b>BC2F8BF59960049518A0</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. IRS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address PO Box 37009		Amount of Each Disbursement this Period 605.31
City Hartford	State CT	Zip Code 06176-7009
Purpose of Disbursement taxes	001 Category/Type	
Candidate Name	Transaction ID : <b>B03638B73744640C3BCA</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	791.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Payroll</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 1650 W 82nd St #300			Amount of Each Disbursement this Period 1310.43 <b>Transaction ID : B7B5E033734494071976</b>
City Minneapolis	State MN	Zip Code 55431-1441	
Purpose of Disbursement taxes	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. IRS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address PO Box 37009			Amount of Each Disbursement this Period 1020.56 <b>Transaction ID : BB79223B2DFD348F08F7</b>
City Hartford	State CT	Zip Code 06176-7009	
Purpose of Disbursement taxes	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. New York State Tax Dept.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address State Processing Center PO Box 61000			Amount of Each Disbursement this Period 289.87 <b>Transaction ID : B89B69FCBC9E74403923</b>
City Albany	State NY	Zip Code 12261-0001	
Purpose of Disbursement taxes	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1310.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. CSC Capital</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 38 Condon Rd.		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : B3E5F6FBE284F46A0B1C</b>
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Fundraising consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Christina Sofia-Comer</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 38 Condon Road		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : B26E7DF48E748483E922</b> <b>[MEMO ITEM]</b>
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Fundraising consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 1650 W 82nd St #300		Amount of Each Disbursement this Period 5827.78 <b>Transaction ID : B2B87F944E9BC4BBC88D</b>
City Minneapolis	State MN	
Zip Code 55431-1441	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10827.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nicholas Tortorici</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 272			Amount of Each Disbursement this Period 2015.00
City Philmont	State NY	Zip Code 12565-0272	Transaction ID : <b>B8C5900677A444E44A46</b>  <b>[MEMO ITEM]</b>
Purpose of Disbursement salary		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Dain Pascocello</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 29 Mockingbird Court			Amount of Each Disbursement this Period 3812.78
City Hopewell Junction	State NY	Zip Code 12533-5249	Transaction ID : <b>BFF36A454508D4428848</b>  <b>[MEMO ITEM]</b>
Purpose of Disbursement salary		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Elaine Martin</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 11 Old High Falls Road			Amount of Each Disbursement this Period 255.31
City Catskill	State NY	Zip Code 12414-5415	Transaction ID : <b>B34F8400DA63A4BF3AA2</b>
Purpose of Disbursement travel		002 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	255.31
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Elaine Martin</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 11 Old High Falls Road		Amount of Each Disbursement this Period 255.31 Transaction ID : BAD547B79954F4FF6979
City State Zip Code Catskill NY 12414-5415	Purpose of Disbursement std mileage rate	
Candidate Name	002 Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address PO Box 272		Amount of Each Disbursement this Period 443.57 Transaction ID : B78C2F825EACA435893E
City State Zip Code Philmont NY 12565-0272	Purpose of Disbursement office supplies	
Candidate Name	001 Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address PO Box 272		Amount of Each Disbursement this Period 274.87 Transaction ID : BA042DD21CD24489087D
City State Zip Code Philmont NY 12565-0272	Purpose of Disbursement standard mileage rate	
Candidate Name	001 Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	443.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Staples</b>		M M / D D / Y Y Y Y 12 / 02 / 2015	
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period	
City Hudson State NY Zip Code 12534-1224		62.92	
Purpose of Disbursement office supplies		Transaction ID : B90A4106DA9F64D6EA21	
Candidate Name		[MEMO ITEM]	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	Category/ Type
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	001

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Staples</b>		M M / D D / Y Y Y Y 12 / 02 / 2015	
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period	
City Hudson State NY Zip Code 12534-1224		5.95	
Purpose of Disbursement office supplies		Transaction ID : B0AB4ADB623694C4988E	
Candidate Name		[MEMO ITEM]	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	Category/ Type
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	001

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Staples</b>		M M / D D / Y Y Y Y 12 / 11 / 2015	
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period	
City Hudson State NY Zip Code 12534-1224		49.13	
Purpose of Disbursement office supplies		Transaction ID : B4E47F98CFD8D494D900	
Candidate Name		[MEMO ITEM]	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	Category/ Type
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	001

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 152	
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 460 Fairview Ave.		Amount of Each Disbursement this Period 902.46 Transaction ID : B252CC953306948DC95E
City Hudson State NY Zip Code 12534-1018	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address PO Box 272		Amount of Each Disbursement this Period 902.46 Transaction ID : BAF0B51D6A70940E1BB5
City Philmont State NY Zip Code 12565-0272	Purpose of Disbursement office expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 29.68 Transaction ID : BC027B8F53EB64707B6C
City Hudson State NY Zip Code 12534-1224	Purpose of Disbursement office equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	902.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 152			
	<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)  
**Faso for Congress**

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

Mailing Address 350 Fairview Ave.

City Hudson State NY Zip Code 12534-1224

Purpose of Disbursement sign  
Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2015

Amount of Each Disbursement this Period: 62.61

Transaction ID : B6E80599991FB4D43881

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. Nicholas Tortorici**

Mailing Address PO Box 272

City Philmont State NY Zip Code 12565-0272

Purpose of Disbursement standard mileage rate  
Category/Type 002

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2015

Amount of Each Disbursement this Period: 39.79

Transaction ID : B443F6DE2D5CC4A37A79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. Walmart**

Mailing Address 460 Fairview Ave.

City Hudson State NY Zip Code 12534-1018

Purpose of Disbursement campaign camera  
Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 10 / 02 / 2015

Amount of Each Disbursement this Period: 182.39

Transaction ID : B996CD9BCA3F340BDAC5

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2015</b>
Mailing Address <b>PO Box 272</b>		Amount of Each Disbursement this Period <b>7.76</b>
City <b>Philmont</b> State <b>NY</b> Zip Code <b>12565-0272</b>	Purpose of Disbursement standard mileage rate	<b>002</b> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B96C9916345084CCA8E6</b>  <b>[MEMO ITEM]</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2015</b>
Mailing Address <b>PO Box 272</b>		Amount of Each Disbursement this Period <b>2.99</b>
City <b>Philmont</b> State <b>NY</b> Zip Code <b>12565-0272</b>	Purpose of Disbursement standard mileage rate	<b>002</b> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : BC6C3E299AFFA458BA85</b>  <b>[MEMO ITEM]</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2015</b>
Mailing Address <b>PO Box 272</b>		Amount of Each Disbursement this Period <b>42.09</b>
City <b>Philmont</b> State <b>NY</b> Zip Code <b>12565-0272</b>	Purpose of Disbursement standard mileage rate	<b>002</b> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : B74C0885B4027495AB4D</b>  <b>[MEMO ITEM]</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 3 Hudson St.		Amount of Each Disbursement this Period 1.86
City Kinderhook	State NY	
Zip Code 12106-9998	Purpose of Disbursement Postage	Transaction ID : B397DB61421434512B25
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 53.98
City Hudson	State NY	
Zip Code 12534-1224	Purpose of Disbursement sign	Transaction ID : B3F5EEA723AC0466DB2B
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 460 Fairview Ave.		Amount of Each Disbursement this Period 167.08
City Hudson	State NY	
Zip Code 12534-1018	Purpose of Disbursement office supplies	Transaction ID : BBF7393B78ADB44B9954
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 460 Fairview Ave.		Amount of Each Disbursement this Period 22.28
City Hudson	State NY	
Zip Code 12534-1018	Purpose of Disbursement office supplies	Transaction ID : <b>BF5F519BE4CCF463C95F</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 350 Fairview Ave.		Amount of Each Disbursement this Period 11.68
City Hudson	State NY	
Zip Code 12534-1224	Purpose of Disbursement office supplies	Transaction ID : <b>B1E7D9B2B0F524ACAB01</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 460 Fairview Ave.		Amount of Each Disbursement this Period 102.55
City Hudson	State NY	
Zip Code 12534-1018	Purpose of Disbursement office supplies	Transaction ID : <b>B27964C34BC4B46C3AE0</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 460 Fairview Ave.		Amount of Each Disbursement this Period 4.20
City Hudson	State NY Zip Code 12534-1018	
Purpose of Disbursement office supplies	Category/Type 001	Transaction ID : B5D9355C90FAA43DAAA3 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dain Pascoello</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 29 Mockingbird Court		Amount of Each Disbursement this Period 491.96
City Hopewell Junction	State NY Zip Code 12533-5249	
Purpose of Disbursement airfare	Category/Type 002	Transaction ID : B2661872706144B7BA15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address P.O. Box 36647		Amount of Each Disbursement this Period 491.96
City Dallas	State TX Zip Code 75235-1647	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : B2EC5409AD1BB49DFB2F <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	491.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. CSC Capital</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 38 Condon Rd.		Amount of Each Disbursement this Period 25484.80 <b>Transaction ID : BC85B783EC73140BB910</b>
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Fundraising consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Christina Sofia-Comer</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 38 Condon Road		Amount of Each Disbursement this Period 25484.80 <b>Transaction ID : B14FDF266D15F48BCB73</b> <b>[MEMO ITEM]</b>
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Fundraising consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Payroll</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address 1650 W 82nd St #300		Amount of Each Disbursement this Period 2015.00 <b>Transaction ID : BF51B7F8DC7FA4E54B92</b>
City Minneapolis	State MN	
Zip Code 55431-1441	Purpose of Disbursement wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27499.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nicholas Tortorici</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address PO Box 272		Amount of Each Disbursement this Period 2015.00
City Philmont State NY Zip Code 12565-0272	Purpose of Disbursement wages	Transaction ID : <b>BD415FDD49F934242A80</b>
Candidate Name	001 Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The November Team</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 2500.00
City South Salem State NY Zip Code 10590-0099	Purpose of Disbursement Communications Consulting	Transaction ID : <b>B97A1CF87B8944B68ABB</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jessica Proud</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 1250.00
City South Salem State NY Zip Code 10590-0099	Purpose of Disbursement Communications Consultant	Transaction ID : <b>B70B9467628224B3A8E1</b>
Candidate Name	001 Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. William F.B. O'Reilly</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : B4965826A127E4EC0AF6</b>
City South Salem	State NY	
Zip Code 10590-0099	Purpose of Disbursement Communications Consultant	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CSC Capital</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 38 Condon Rd.		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : BF30D4F8E700D4737A92</b>
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Fundraising Consultant	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Christina Sofia-Comer</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 38 Condon Road		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : BAEE3AB4AC4334EDEAB5</b>
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Fundraising consulting	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial)  
**A. Limestone Strategies**

Mailing Address 5975 Castle Creek Parkway North Dr

City Indianapolis State IN Zip Code 46250-4340

Purpose of Disbursement travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 26 / 2015

Amount of Each Disbursement this Period: 833.90

Transaction ID : BA0B53FA789204D9C9A7

Category/Type: 002

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

Mailing Address 800 Connecticut Ave.

City Norwalk State CT Zip Code 06854-1631

Purpose of Disbursement rental car

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 14 / 2015

Amount of Each Disbursement this Period: 178.47

Transaction ID : BC3A5531ABB894EF3A35

[MEMO ITEM]

Category/Type: 002

Full Name (Last, First, Middle Initial)  
**c. US Airways**

Mailing Address 201 East Jefferson Street

City Phoenix State AZ Zip Code 85004-2412

Purpose of Disbursement Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 14 / 2015

Amount of Each Disbursement this Period: 372.20

Transaction ID : B1754FCF5597C48AF928

[MEMO ITEM]

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional) ..... 833.90

**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 148 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Priceline</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 800 Connecticut Ave.		Amount of Each Disbursement this Period 269.10
City Norwalk	State CT	
Zip Code 06854-1631	Purpose of Disbursement hotel	Transaction ID : <b>B9AE990B76D2F47508EA</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The November Team</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 2500.00
City South Salem	State NY	
Zip Code 10590-0099	Purpose of Disbursement Communications consultants	Transaction ID : <b>B5813419069034378B81</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. William F.B. O'Reilly</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 1250.00
City South Salem	State NY	
Zip Code 10590-0099	Purpose of Disbursement Communications Consultant	Transaction ID : <b>B983C27AF100446BBBCD</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 152			
	<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)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jessica Proud</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address PO Box 99		Amount of Each Disbursement this Period 1250.00
City South Salem	State NY	
Zip Code 10590-0099	Purpose of Disbursement Communications Consultant	Transaction ID : <b>BC7F0DB20547B402891C</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	160954.89

**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 150 OF 152	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dominican Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2015</b>
Mailing Address <b>Veritas Gala Office of Events 1501 Broadway, Suite 1808</b>		Amount of Each Disbursement this Period <b>750.00</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10036-5600</b>	Purpose of Disbursement non-federal contribution	<b>Transaction ID : B3D7E967F8AE8462A9FB</b>
Candidate Name	Category/Type <b>012</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NCFJE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2015</b>
Mailing Address <b>824 Eastern Parkway</b>		Amount of Each Disbursement this Period <b>750.00</b>
City <b>Brooklyn</b> State <b>NY</b> Zip Code <b>11213-3502</b>	Purpose of Disbursement Non federal charitable contribution	<b>Transaction ID : B4182FC82A2134C8A9CD</b>
Candidate Name	Category/Type <b>012</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Columbia County Conservative Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 19 / 2015</b>
Mailing Address <b>PO Box 536</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Ghent</b> State <b>NY</b> Zip Code <b>12075-0536</b>	Purpose of Disbursement non-federal contribution	<b>Transaction ID : B097FE5B9CC0E42CEBF9</b>
Candidate Name	Category/Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 152	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

Full Name (Last, First, Middle Initial)  
**A. Judge Massry for Supreme Court**

Mailing Address 390 Loudon Rd

City Albany State NY Zip Code 12211-1737

Purpose of Disbursement Non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2015

Amount of Each Disbursement this Period: 350.00

Transaction ID : B829BBB078E8A48358A2

Category/Type: 011

Full Name (Last, First, Middle Initial)  
**B. Greene County Republican Committee**

Mailing Address 7 Molly White Dr

City Coxsackie State NY Zip Code 12051-1121

Purpose of Disbursement Non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2015

Amount of Each Disbursement this Period: 215.00

Transaction ID : B8ADD69258036407AA03

Category/Type: 011

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

Mailing Address PO Box 1067

City Hudson State NY Zip Code 12534-9067

Purpose of Disbursement Non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2015

Amount of Each Disbursement this Period: 250.00

Transaction ID : B9791270D2D924F4388C

Category/Type: 011

**SUBTOTAL** of Disbursements This Page (optional) ..... 815.00

**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 152 OF 152	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Faso for Congress**

Full Name (Last, First, Middle Initial) <b>A. Conservative Party Of New York State</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2015</b>
Mailing Address <b>486 78th St</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : BED60A114373D4CE38C6</b>
City <b>Fort Hamilton Statio</b> State <b>NY</b> Zip Code <b>11209-3404</b>	Purpose of Disbursement <b>Non-federal contribution</b>	
Candidate Name	<b>011</b> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3065.00</b>