

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

Elise for Congress

ADDRESS (number and street)

PO Box 338

Check if different than previously reported. (ACC)

Willsboro

NY

12996

2. FEC IDENTIFICATION NUMBER ▼

C C00547893

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

21

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

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 James E. Morris

Signature of Treasurer James E. Morris

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Elise 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))....	88238.63	601392.10
(b) Total Contribution Refunds (from Line 20(d))	620.00	870.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	87618.63	600522.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	208751.11	683153.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	2811.25	2811.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	205939.86	680341.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	152103.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	43879.20	

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

Elise 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).....	46334.63	384080.96
(ii) Unitemized.....	15004.00	72993.88
(iii) TOTAL of contributions from individuals ▶	61338.63	457074.84
(b) Political Party Committees.....	1000.00	1000.00
(c) Other Political Committees (such as PACs).....	25900.00	115650.00
(d) The Candidate.....	0.00	27667.26
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	88238.63	601392.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	86005.42	196922.61
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	35000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	35000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2811.25	2811.91
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	177055.30	836126.62

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	208751.11	683153.34
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	620.00	870.00
(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)).....	620.00	870.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	209371.11	684023.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	184419.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	177055.30
25. SUBTOTAL (add Line 23 and Line 24).....	361474.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	209371.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	152103.28

**SCHEDULE A (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 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
LISA S. AUSTIN

Mailing Address 166 RIVER DR

City MASSENA State NY Zip Code 13662-3181

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

Name of Employer CENTURY LINK Occupation IT OPS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1982

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address 30 BRIDGE RD

City ROUSES POINT State NY Zip Code 12979-1031

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11.2086

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KIM B. BARTON

Mailing Address 66 BROWNS PATH

City QUEENSBURY State NY Zip Code 12804-5825

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

Name of Employer HOMEMAKER Occupation NONE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11.1854

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JENNIFER BATTISTA

Mailing Address **202 BITTERN COURT**

City **NEW HARTFORD** State **NY** Zip Code **13413-3516**

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

Name of Employer **RICHARD HANNA FOR CONGRESS** Occupation **FUNDRAISING CHAIRPERSON/ TREASURER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.1966

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KERRY L. BISHOP

Mailing Address **7 PARK DR**

City **MENANDS** State **NY** Zip Code **12204-2243**

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

Name of Employer **BISHOP BEAUDRY CONSTRUCTION** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1932

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **429 NORTH ROAD**

City **GREENWICH** State **NY** Zip Code **12834-2827**

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

Name of Employer **KING ARTHUR FLOUR** Occupation **SVP/GM**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.2039

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
KEN BLANKENBUSH

Mailing Address 102 WENDELL LANE

City State Zip Code
BLACK RIVER NY 13612-2111

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

Name of Employer Occupation
NY ASSEMBLY ASSEMBLYMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2142

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LISA E. BONNER

Mailing Address 23967 CO RT 67

City State Zip Code
WATERTOWN NY 13601-

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

Name of Employer Occupation
WALGREENS PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1830

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOB BRUNELL

Mailing Address 4019 ROUTE 22

City State Zip Code
PLATTSBURGH NY 12901-5617

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

Name of Employer Occupation
SELF CORP PRES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11.1844

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 101
	<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)
Elise for Congress

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

Mailing Address 604 COOLIDGE HILL RD

City State Zip Code
DIAMOND POINT NY 12824-2102

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

Name of Employer Occupation
JMZ ARCHITECHS MANAGING PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11.1856

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRIAN M. CLEMENTS

Mailing Address 245 CRONIN ROAD

City State Zip Code
QUEENSBURY NY 12804-5819

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

Name of Employer Occupation
TOWN OF QUEENSBURY TOWN COUNCILMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
249.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1922

Amount of Each Receipt this Period
150.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM J. CROMIE, MD M.D. M.B.A

Mailing Address 22 ST AGNES LANE

City State Zip Code
ALBANY NY 12211-2058

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1971

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
DIANE DAME

Mailing Address 146 US OVAL

City PLATTSBURGH State NY Zip Code 12903

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

Name of Employer DAME MOTORSPORTS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2014

Transaction ID : SA11S.8888

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 146 US OVAL

City PLATTSBURGH State NY Zip Code 12903-3900

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

Name of Employer DAME MOTORSPORTS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2014

Transaction ID : SA11.1900

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MAREARL DENNING

Mailing Address 8416 W. 115TH STREET

City OVERLAND PARK State KS Zip Code 66210-2427

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11.2127

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 101
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MATTHEW DORSEY

Mailing Address 46 THOROUGHbred DRIVE

City State Zip Code
SARATOGA SPRINGS NY 12866-5046

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

Name of Employer Occupation
O'CONNELL AND ARONOWITZ LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1972

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KATHIE DUNCAN

Mailing Address ADIRONDACK TRUST COMPANY
376 BAY ROAD

City State Zip Code
QUEENSBURY NY 12804-1404

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

Name of Employer Occupation
THE ADIRONDACK TRUST COMPANY REGIONAL PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11.2100

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SYLVIA DURANTE

Mailing Address PO BOX 183

City State Zip Code
LAKE GEORGE NY 12845-0183

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

Name of Employer Occupation
HALLMARK OPERATION INC. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.1935

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 101
	<input 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)
Elise for Congress

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

Mailing Address 624 EAGLE WATCH LANE

City OSPREY State FL Zip Code 34229-9326

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

Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.1809

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRANCESCO GALES

Mailing Address 695 ROTTERDAM INDUSTRIAL PARK

City SCHENECTADY State NY Zip Code 12306-1984

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

Name of Employer SELF EMPLOYED Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11.2084

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SAM GEDULDIG

Mailing Address 1001 PENNSYLVANIA AVE NW STE 750 S

City WASHINGTON State DC Zip Code 20004-2551

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

Name of Employer CLARK LYTLE GEDULDIG CRANFORD Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.1881

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 101
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JEFFREY GRAHAM

Mailing Address **557 PEARL STREET**

City **WATERTOWN** State **NY** Zip Code **13601-2108**

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

Name of Employer **SELF** Occupation **PEARL STREET PUB**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
475.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2266

Amount of Each Receipt this Period
225.00

CONTRIBUTION

INKIND- FOOD/BEVERAGES

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL J. HAANEN

Mailing Address **33 OAKWOOD DRIVE**

City **QUEENSBURY** State **NY** Zip Code **12804-1327**

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

Name of Employer **HAANEN PACKARD MACHINERY** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1923

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ERIC HANNAY

Mailing Address **118 LAWSON LAKE ROAD**

City **FEURA BUSH** State **NY** Zip Code **12067-2703**

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

Name of Employer **HANNAY REELS** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1810

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

3075.00

**SCHEDULE A (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 101
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ROGER HERTOOG

Mailing Address 1040 5TH AVE

City NEW YORK State NY Zip Code 10028-0137

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

Name of Employer RETIRED Occupation SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1983

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 7 WALNUT LANE W

City NISKAYUNA State NY Zip Code 12309-1809

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

Name of Employer ALBANY STEEL Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.1884

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUZANNE HOFFMAN

Mailing Address 100 GLEN ST STE 3A

City GLENS FALLS State NY Zip Code 12801

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

Name of Employer SELF Occupation PROPERTY MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11K.1001

Amount of Each Receipt this Period
 1500.00

INKIND- OFFICE RENT

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 101
	<input 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)
Elise for Congress

Full Name (Last, First, Middle Initial) JILL HOMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 4919 7TH ST, NW		Transaction ID : SA11.2130
City WASHINGTON	State DC	
Zip Code 20011-4001		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer JAVELIN 19 INVESTMENTS	Occupation PRINCIPAL	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) ELIZABETH A. HONAN		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 331 KEYES AVE		Transaction ID : SA11.2148
City WATERTOWN	State NY	
Zip Code 13601-3731		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <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) RANDALL HOUGH		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 1826 GARVEY AVE #5		Transaction ID : SA11.2129
City ALHAMBRA	State CA	
Zip Code 91803-4260		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
PETER JASINSKI

Mailing Address 114 HUDSON POINTE BLVD

City QUEENSBURY State NY Zip Code 12804-6415

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1975

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BOBBIE KILBERG

Mailing Address 6703 WEMBERLY WAY

City MCLEAN State VA Zip Code 22101-1529

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

Name of Employer NORTHERN VIRGINIA TECHNOLOGY COUNC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : SA11.2132

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES B. KINGSLEY

Mailing Address 8384 STATE PARK RD

City THREE MILE BAY State NY Zip Code 13693-5208

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.1937

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
PETER PAUL KRIHAK

Mailing Address **PO BOX 299**

City **CLEVERDALE** State **NY** Zip Code **12820-0299**

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

Name of Employer **HULBROOK LUMBER COMPANY** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1930

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EMILY K. LAMPKIN

Mailing Address **1640 DAVIDSON ROAD**

City **MCLEAN** State **VA** Zip Code **22101-4306**

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

Name of Employer **THE LAMPKIN GROUP** Occupation **PUBLIC AFFAIRS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1800.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2144

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOEL A. LAPIERRE

Mailing Address **180 ISLAND BRANCH RD**

City **GOUVERNEUR** State **NY** Zip Code **13642-3190**

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

Name of Employer **ST. JAMES SCHOOL** Occupation **DIRECTOR OF SCHOOL ENHANCEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.1997

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
LIEF F. LARSEN

Mailing Address 801 SMITH BLVD

City ALBANY State NY Zip Code 12202-2107

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

Name of Employer MMC MILLWORK Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.1882

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GARY LAVINE

Mailing Address 6808 HOLLISTON CIRCLE

City FAYETTEVILLE State NY Zip Code 13066-1700

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

Name of Employer BOUSQUET HOLSTEIN PLLC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11.1806

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address 40 WINCREST DR

City QUEENSBURY State NY Zip Code 12804-1345

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

Name of Employer DA COLLINS Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.1921

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CAROL L. MAGINN

Mailing Address **PO BOX 746**

City **MASSENA** State **NY** Zip Code **13662-0746**

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

Name of Employer **HERITAGE HOMES INC.** Occupation **CONTRACTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.2009

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS L. MAINWARING

Mailing Address **20 BEEKMAN PLACE**

City **QUEENSBURY** State **NY** Zip Code **12804-9707**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1926

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

Mailing Address **30 ORCHARD DR**

City **QUEENSBURY** State **NY** Zip Code **12804-1352**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1929

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 101
	<input 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)
Elise for Congress

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

Mailing Address 1110 HARBOR RD

City SOUTHPORT State CT Zip Code 06890-1467

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

Name of Employer BRIDGEWATER ASSOCIATES Occupation CO-PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.1955

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

Mailing Address 39 W 75TH ST.

City NEW YORK State NY Zip Code 10023-8603

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

Name of Employer WEIL, GOTSHAL & MANGES LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11.2031

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LINDA M. MURPHY

Mailing Address 186 HUDSON POINTE BLVD.

City QUEENSBURY State NY Zip Code 12804-6415

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.1934

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
PETER MURPHY

Mailing Address **PO BOX 458**

City **WEST SAND LAKE** State **NY** Zip Code **12196-0458**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1913

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **29 OLD LAKE RD**

City **LAKE GEORGE** State **NY** Zip Code **12845**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA9992

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **29 OLD LAKE RD**

City **LAKE GEORGE** State **NY** Zip Code **12845-5500**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2137

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 21 OF 101
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ARTHUR C. PERRYMAN

Mailing Address **BOX 6**

City **WEAVERTOWN** State **NY** Zip Code **12886-0006**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1927

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DINA POWELL

Mailing Address **200 EAST 79TH STREET**

City **NEW YORK** State **NY** Zip Code **10075-1215**

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

Name of Employer **GOLDMAN SACHS** Occupation **CORPORATE ENGAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11.2091

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

Mailing Address **12485 CO. RT. 66**

City **ADAMS CENTER** State **NY** Zip Code **13606-**

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

Name of Employer **STEPHENS MEDIA** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **673.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.2267

Amount of Each Receipt this Period
419.63
 CONTRIBUTION

INKIND- FOOD/BEVERAGE/LUMBER

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

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

3269.63

**SCHEDULE A (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 101
	<input 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)
Elise for Congress

Full Name (Last, First, Middle Initial) PETER ROZELL		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 47 REARDON RD		Transaction ID : SA11.1919
City QUEENSBURY	State NY	Zip Code 12804-8608
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer ROZELL INDUSTRIES INC	Occupation CONTRACTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MR. DONALD C. SAGE		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 410 LETSONVILLE ROAD		Transaction ID : SA11.2094
City PARADOX	State NY	Zip Code 12858-
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00 CONTRIBUTION	
Name of Employer TOWN OF SCHROON	Occupation TOWN COUNCILMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) ROBERT SALITERMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1301 U STREET NW		Transaction ID : SA11.1963
City WASHINGTON	State DC	Zip Code 20009-7542
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer GOOGLE	Occupation EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
MUNEER SATTER

Mailing Address **SATTER INVESTMENT MANAGEMENT LLC**
676 NORTH MICHIGAN AVE SUITE 4000

City **CHICAGO** State **IL** Zip Code **60611-2883**

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

Name of Employer **SATTER INVESTMENT MANAGEMENT** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11.1848

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTINA SCHNEIDER

Mailing Address **8765 MATTIS ROAD**

City **LOWVILLE** State **NY** Zip Code **13367-4008**

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

Name of Employer **PURCELL CONSTRUCTION** Occupation **CFO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.1805

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **1707 SUMMIT AVE**

City **MINNEAPOLIS** State **MN** Zip Code **55403-2849**

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

Name of Employer **SELF-EMPLOYED** Occupation **PRIVATE EQUITY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.1965

Amount of Each Receipt this Period
600.00
 CONTRIBUTION

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 24 OF 101
	<input 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)
Elise for Congress

Full Name (Last, First, Middle Initial) MATTHEW J. SIMPSON		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO BOX 324		Transaction ID : SA11.2057
City BRANT LAKE	State NY	Zip Code 12815-0324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 620.00 CONTRIBUTION	
Name of Employer TOWN OF HORICON	Occupation SUPERVISOR	REFUNDED \$620.00 ON 06/20/2014
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 975.00	

Full Name (Last, First, Middle Initial) MATTHEW J. SIMPSON		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO BOX 324		Transaction ID : SA11.2058
City BRANT LAKE	State NY	Zip Code 12815-0324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 625.00 CONTRIBUTION	
Name of Employer TOWN OF HORICON	Occupation SUPERVISOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 975.00	

Full Name (Last, First, Middle Initial) MATTHEW J. SIMPSON		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address PO BOX 324		Transaction ID : SA11.2103
City BRANT LAKE	State NY	Zip Code 12815-0324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00 CONTRIBUTION	
Name of Employer TOWN OF HORICON	Occupation SUPERVISOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 975.00	

SUBTOTAL of Receipts This Page (optional).....	1595.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT J. SLACK

Mailing Address 48 DINEEN RD

City LAKE GEORGE State NY Zip Code 12845-4517

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

Name of Employer PRESIDENT/COO Occupation SCI COURIER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11.2111

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTINA SOFIA-COMER

Mailing Address 38 CONDON ROAD

City STILLWATER State NY Zip Code 12170-1914

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

Name of Employer SELF Occupation FUNDRAISER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11.2092

Amount of Each Receipt this Period
 150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FREDA P. SOLOMON

Mailing Address 23 NORTH ROAD

City QUEENSBURY State NY Zip Code 12804-2034

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

Name of Employer DAVIES & ASSOCIATES REAL ESTATE, LLC Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11.1847

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
FREDA P. SOLOMON

Mailing Address **23 NORTH ROAD**

City **QUEENSBURY** State **NY** Zip Code **12804-2034**

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

Name of Employer **DAVIES & ASSOCIATES REAL ESTATE, LLC** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **725.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1924

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FREDA P. SOLOMON

Mailing Address **23 NORTH RD**

City **QUEENSBURY** State **NY** Zip Code **12804-**

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

Name of Employer **DAVIES & ASSOCIATES REAL ESTATE LLC** Occupation **REALTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **725.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11.2163

Amount of Each Receipt this Period
25.00

CONTRIBUTION

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

Mailing Address **2900 S VALLEYVIEW BLVD. NO. 297**

City **LAS VEGAS** State **NV** Zip Code **89102-5951**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11.2128

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

2775.00

**SCHEDULE A (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 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ROY M. STEFANIK

Mailing Address 5675 STONE ROAD #320

City State Zip Code
CENTREVILLE VA 20120-1667

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

Name of Employer Occupation
FAIRFAX MENTAL HEALTH PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1105.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA11.2024

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DANIEL W. STONE

Mailing Address 402 COUNTY ROUTE 74A

City State Zip Code
GREENWICH NY 12834-6019

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

Name of Employer Occupation
CHAZEN ENGINEERING ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.1829

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEAN S. STURTZ

Mailing Address 204 TEN EYCK ST

City State Zip Code
WATERTOWN NY 13601-3987

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.1864

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
FREDERICK G. SYKES JR.

Mailing Address 312 E23RD STREET

City NEW YORK State NY Zip Code 10010-

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

Name of Employer COLUMBIA BUSINESS SCHOOL Occupation STUDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.2027

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS TYLER

Mailing Address 234 CASEY ROAD

City SCHUYLERVILLE State NY Zip Code 12871-1816

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

Name of Employer NYS Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1920

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NICHOLAS VAUGH

Mailing Address 629 PATTERSON STREET

City OGDENSBURG State NY Zip Code 13669-3419

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

Name of Employer ALBANY REGIONAL CHAMBER Occupation LOBBYIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1938

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 29 OF 101
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
CAROLYN L. VON SCHENK

Mailing Address 75 COOLIDGE LN

City State Zip Code
DIAMOND POINT NY 12824-2023

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

Name of Employer Occupation
SELF-EMPLOYED OCCUPATIONAL THERAPIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11.1855

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY VUKELIC

Mailing Address 24 SWEETBRIAR DR.

City State Zip Code
WILTON NY 12831-2526

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

Name of Employer Occupation
SARATOGA EAGLE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.1916

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FREDERICK R. WARD

Mailing Address 64 SUNNYSIDE ROAD

City State Zip Code
PLATTSBURGH NY 12901-7023

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

Name of Employer Occupation
SELF EMPLOYED (FORMERLY) RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.2135

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM WELLMAN

Mailing Address **7 HELEN STREET**

City **PLATTSBURGH** State **NY** Zip Code **12901-3322**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11.2125

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LILLIAN W. WESTCOTT

Mailing Address **84 GLENWOOD AVE**

City **QUEENSBURY** State **NY** Zip Code **12804-1700**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.1928

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **31 OAKWOOD DR.**

City **QUEENSBURY** State **NY** Zip Code **12804-1327**

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

Name of Employer **BEHAN COMMUNICATIONS** Occupation **SENIOR ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
495.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11.1858

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 31 OF 101
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address 31 OAKWOOD DR.

City State Zip Code
QUEENSBURY NY 12804-1327

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

Name of Employer Occupation
BEHAN COMMUNICATIONS SENIOR ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
495.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 21 / 2014

Transaction ID : SA11.2268

Amount of Each Receipt this Period
 245.00

CONTRIBUTION

INKIND- POSTAGE

B. Full Name (Last, First, Middle Initial)
MR. RALPH C. WILSON O.D.

Mailing Address 891 ROUTE 9

City State Zip Code
QUEENSBURY NY 12804-1744

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

Name of Employer Occupation
SELF-EMPLOYED OPTOMETRIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.1925

Amount of Each Receipt this Period
 150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRED ZEIDMAN

Mailing Address 2104 CHILTON ROAD

City State Zip Code
HOUSTON TX 77019-1504

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.1973

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

645.00

**SCHEDULE A (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 101
	<input 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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JAY ZEIDMAN

Mailing Address **99 N POST OAK LANE #7102**

City **HOUSTON** State **TX** Zip Code **77024-7743**

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

Name of Employer **PULMONARY RX** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.1964

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

46334.63

**SCHEDULE A (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 101
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
NEW YORK STATE CONSERVATIVE PARTY- FEDERAL ACCOUNT

Mailing Address 486 78TH ST.

City State Zip Code
BROOKLYN NY 11209-3404

FEC ID number of contributing federal political committee. **C** C00282343

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11.1865

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

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 34 OF 101
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
AGC PAC

Mailing Address 2300 WILSON BLVD SUITE 300

City ARLINGTON State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.1834

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

Mailing Address 25 MASSACHUSETTS AVE NW STE 600

City WASHINGTON State DC Zip Code 20001-7400

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11.2121

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BUILDPAC

Mailing Address 1201 15TH STREET NW

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.1831

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 101
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE

Mailing Address **412 FIRST ST SE**

 City State Zip Code
WASHINGTON DC 20003-1804

FEC ID number of contributing federal political committee. **C C00040998**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 13 2014

Transaction ID : SA11.1880

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

Mailing Address **22780 INDIAN CREEK DR STE 100**

 City State Zip Code
STERLING VA 20166-6716

FEC ID number of contributing federal political committee. **C C00525212**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 16 2014

Transaction ID : SA11.1914

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KEEPING REPUBLICAN IDEAS STRONG TIMELY & INVENTIVE (KRISTI P

Mailing Address **PO BOX 312**

 City State Zip Code
SIOUX FALLS SD 57101-0312

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 16 2014

Transaction ID : SA11.1915

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

4500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 101
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
LYNN PAC

Mailing Address P.O. BOX 1872

City TOPEKA State KS Zip Code 66601-1872

FEC ID number of contributing federal political committee. **C C00491043**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.1811

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MAGGIE'S LIST

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606-2693

FEC ID number of contributing federal political committee. **C C00469023**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11.2120

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 138 CONANT STREET

City BEVERLY State MA Zip Code 01915

FEC ID number of contributing federal political committee. **C C00427435**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11IK.1000

Amount of Each Receipt this Period
 200.00

INKIND- LIST RENTAL

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 101
	<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)
Elise for Congress

A. MAVERICK PAC USA
 Full Name (Last, First, Middle Initial)
 Mailing Address 138 CONANT STREET
 City BEVERLY State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C C00427435**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA111K.900
 Amount of Each Receipt this Period
 200.00
 INKIND- LIST RENTAL

B. PIONEER POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 8TH ST, NW STE 500
 City WASHINGTON State DC Zip Code 20001-3965
 FEC ID number of contributing federal political committee. **C C00325357**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11.1866
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. REPUBLICAN MAIN STREET PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 L ST NW STE 100-263
 City WASHINGTON State DC Zip Code 20005-4018
 FEC ID number of contributing federal political committee. **C C00165159**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11.2085
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

10200.00

**SCHEDULE A (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 101
	<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)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Mailing Address 1707 L STREET NQ STE 750

City WASHINGTON State DC Zip Code 20036-4226

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11.1849

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

25900.00

**SCHEDULE A (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 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
NY CONGRESSIONAL VICTORY FUND

Mailing Address **228 S. WASHINGTON STREET**
SUITE 115

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

FEC ID number of contributing federal political committee. **C C00558577**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
46374.77

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA12.2198

Amount of Each Receipt this Period
15890.05

CONTRIBUTION

SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
AKBAR AYAZ

Mailing Address **30 GENERAL WATERBURY LN**

City **STAMFORD** State **CT** Zip Code **06902-1302**

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

Name of Employer Occupation
ELLIOTT MANAGEMENT **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA12.2208

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address **114 S. FAYETTE ST.**

City **ALEXANDRIA** State **VA** Zip Code **22314-2919**

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

Name of Employer Occupation
ORION STRATEGIES **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1583.34

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA12.2209

Amount of Each Receipt this Period
333.34

CONTRIBUTION

[MEMO ITEM]

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

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

15890.05

**SCHEDULE A (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 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ELLIOT GREENBERG

Mailing Address
35 WINDING BROOK RD.

City: NEW ROCHELLE State: NY Zip Code: 10804-2007

FEC ID number of contributing federal political committee: C

Name of Employer: ELLIOTT MANAGEMENT CORP Occupation: DIRECTOR OF OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1300.00

Date of Receipt: 06 / 19 / 2014

Transaction ID : SA12.2210

Amount of Each Receipt this Period: 1300.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LEE GRINBERG

Mailing Address 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 MANAGEMENT CORP Occupation: FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 04 / 2014

Transaction ID : SA12.2203

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JAIME HOBBEHEYDAR

Mailing Address
80 RIVERSIDE BLVD. APT. 6J

City: NEW YORK State: NY Zip Code: 10069-0301

FEC ID number of contributing federal political committee: C

Name of Employer: ELLIOTT MANAGEMENT CORP Occupation: INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 04 / 2014

Transaction ID : SA12.2204

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 41 OF 101
(check only one)

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

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
KEITH L. HORN

Mailing Address
57 MARIA RD.

City State Zip Code
WOODCLIFF LAKE NJ 07677-8144

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

Name of Employer Occupation
ELLIOTT MANAGEMENT CORP COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA12.2207

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ANGELA D. MEYERS

Mailing Address 310 N. FAYETTE ST.

City State Zip Code
ALEXANDRIA VA 22314-2435

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

Name of Employer Occupation
PAUL SINGER FAMILY OFFICE DEPUTY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3766.66

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA12.2199

Amount of Each Receipt this Period
166.66

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DAVE J. MILLER

Mailing Address
347 W. BROADWAY APT. 7

City State Zip Code
NEW YORK NY 10013-2239

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

Name of Employer Occupation
ELLIOTT MANAGEMENT CORP PORTFOLIO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA12.2205

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

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

Mailing Address
28 CAYUGA WAY

City State Zip Code
SHORT HILLS NJ 07078-1248

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

Name of Employer Occupation
ELLIOTT MANAGEMENT CORP CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2014

Transaction ID : SA12.2201

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address
1520 YORK AVE. APT. 21H

City State Zip Code
NEW YORK NY 10028-7008

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

Name of Employer Occupation
ELLIOTT MANAGEMENT CORP PUBLIC AFFAIRS MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2014

Transaction ID : SA12.2206

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOSHUA SWIDLER

Mailing Address
68 SEWALL RD.

City State Zip Code
WOLFEBORO NH 03894-4107

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

Name of Employer Occupation
ELLIOTT MANAGEMENT CORP PORTFOLIO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2014

Transaction ID : SA12.2202

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
NY CONGRESSIONAL VICTORY FUND

Mailing Address **228 S. WASHINGTON STREET**
SUITE 115

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

FEC ID number of contributing federal political committee. **C C00558577**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
46374.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA12.2211

Amount of Each Receipt this Period
30484.72

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

Mailing Address **440 WEST END AVENUE**
#6A

City **NEW YORK** State **NY** Zip Code **10024-5358**

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

Name of Employer **ELLIOTT MANAGEMENT CORP** Occupation **FINANCE**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2014

Transaction ID : SA12.2225

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JESSE COHN

Mailing Address **101 WARREN ST.**

City **NEW YORK** State **NY** Zip Code **10007-1366**

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

Name of Employer **ELLIOTT MANAGEMENT CORP** Occupation **FINANCE**

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SA12.2223

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

30484.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
LEE GRINBERG

Mailing Address **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 MANAGEMENT CORP** Occupation **FINANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA12.2216

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TERRY KASSEL

Mailing Address **44 W. 77TH ST.
APT. 12E**

City **NEW YORK** State **NY** Zip Code **10024-5150**

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

Name of Employer **ELLIOTT MANAGEMENT** Occupation **STRATEGIC HR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA12.2220

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BONNIE J. LOEB

Mailing Address **315 EAST 69TH ST.
APT. 10A**

City **NEW YORK** State **NY** Zip Code **10021-5527**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA12.2213

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) JOHN PIKE		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 88 CENTRAL PARK APT. 115		Transaction ID : SA12.2224
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ELLIOTT MANAGEMENT	Occupation PORTFOLIO MANAGER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) JONATHAN DAVID POLLOCK		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 111 W. 67TH ST.		Transaction ID : SA12.2218
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ELLIOTT MANAGEMENT	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) TEA NADEZDA Z. POLLOCK		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 111 W. 67TH ST.		Transaction ID : SA12.2219
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

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

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

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

FOR LINE NUMBER: PAGE 46 OF 101
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD S. RITHOLZ
 Mailing Address 282 HARTSHORN DR.
 City State Zip Code
 SHORT HILLS NJ 07078-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ELLIOTT MANAGEMENT PORTFOLIO MANAGER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 19 2014
Transaction ID : SA12.2221
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PETER J. RIZZI
 Mailing Address 16 SAMANTHA DR.
 City State Zip Code
 MONROE TOWNSHIP NJ 08831-4048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ELLIOTT MANAGEMENT TRADER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 19 2014
Transaction ID : SA12.2222
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LEIGH ANN RYAN
 Mailing Address 141 PARSONAGE RD.
 City State Zip Code
 GREENWICH CT 06830-3937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 04 2014
Transaction ID : SA12.2215
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION
[MEMO ITEM]

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) ROBERT P. RYAN		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 141 PARSONAGE RD.		Transaction ID : SA12.2214
City GREENWICH	State CT	Zip Code 06830-3937
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer ELLIOTT MANAGEMENT CORP	Occupation MANAGER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) CHARLES N. SCHORIN		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 90 RIVERSIDE DR. APT. 12G		Transaction ID : SA12.2217
City NEW YORK	State NY	Zip Code 10024-5306
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer ELLIOTT MANAGEMENT	Occupation PORTFOLIO MANAGER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) MICHAEL SIMOFF		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 951		Transaction ID : SA12.2212
City NEW VERNON	State NJ	Zip Code 07976-0951
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer ELLIOTT MANAGEMENT	Occupation PORTFOLIO MANAGER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
WINNING WOMEN

Mailing Address 228 S. WASHINGTON STREET STE 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00558361

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150547.84

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA12.1814

Amount of Each Receipt this Period
 14983.84

CONTRIBUTION

SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
LAURA M. FISHER

Mailing Address 101A CLAY ST.
STE. 147

City State Zip Code
SAN FRANCISCO CA 94111-2033

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA12.1824

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MYRON KAPLAN

Mailing Address 551 FIFTH AVE.
18TH FL

City State Zip Code
NEW YORK NY 10176-0001

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

Name of Employer Occupation
KLEINBERG KAPLAN ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA12.1819

Amount of Each Receipt this Period
 270.00

CONTRIBUTION

[MEMO ITEM]

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

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

14983.84

**SCHEDULE A (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 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
SUE W. KELLY

Mailing Address 187 JAY ST.

City State Zip Code
KATONAH NY 10536-3702

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA12.1823

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address 2 GREENWICH PLAZA
3RD FL

City State Zip Code
GREENWICH CT 06830-6353

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

Name of Employer Occupation
AQR CAPITAL FUND MANGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA12.1816

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SERENA J. LIEW

Mailing Address 2 GREENWICH PLAZA
3RD FL

City State Zip Code
GREENWICH CT 06830-6353

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA12.1815

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) JAMIE NASH		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2014
Mailing Address 551 FIFTH AVE. 18TH FL		Transaction ID : SA12.1820
City NEW YORK	State NY	Zip Code 10176-0001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer KLEINBERG KAPLAN	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 125.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) WILLIAM E. SIMON JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 08 / 2014
Mailing Address 440 TOYOPA DR.		Transaction ID : SA12.1818
City PACIFIC PALISADES	State CA	Zip Code 90272-4466
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 833.34	
Name of Employer WILLIAM SIMON & SONS	Occupation PRIVATE BANKER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 833.34	[MEMO ITEM]

Full Name (Last, First, Middle Initial) JANE A. SPRAY		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2014
Mailing Address 3335 CLAY ST.		Transaction ID : SA12.1822
City SAN FRANCISCO	State CA	Zip Code 94118-2006
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer PISCES INC.	Occupation CFO	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) WALTER P. STERN		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2014	
Mailing Address 630 FIFTH AVE. 36TH FLOOR		Transaction ID : SA12.1817	
City NEW YORK	State NY	Zip Code 10111-0100	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1666.66	
Name of Employer CAPITAL GROUP	Occupation INVESTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1666.66		
		CONTRIBUTION [MEMO ITEM]	

Full Name (Last, First, Middle Initial) CHRISTINE TORETTI		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 2428 OAK DRIVE		Transaction ID : SA12.1821	
City INDIANA	State PA	Zip Code 15701-1534	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer THE JACK COMPANY	Occupation CHAIRMAN/CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
		CONTRIBUTION [MEMO ITEM]	

Full Name (Last, First, Middle Initial) WINNING WOMEN		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 228 S. WASHINGTON STREET STE 115		Transaction ID : SA12.1825	
City ALEXANDRIA	State VA	Zip Code 22314-5404	
FEC ID number of contributing federal political committee. C C00558361		Amount of Each Receipt this Period 4954.16	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150547.84		
		CONTRIBUTION SEE ATTRIBUTION BELOW	

SUBTOTAL of Receipts This Page (optional).....	4954.16
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
LAURA M. FISHER

Mailing Address 101A CLAY ST.
STE. 147

City SAN FRANCISCO State CA Zip Code 94111-2033

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA12.1827

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CHRISTINE TORETTI

Mailing Address 2428 OAK DRIVE

City INDIANA State PA Zip Code 15701-1534

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

Name of Employer THE JACK COMPANY Occupation CHAIRMAN/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA12.1826

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WINNING WOMEN

Mailing Address 228 S. WASHINGTON STREET STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00558361

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150547.84

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA12.2187

Amount of Each Receipt this Period
10154.70

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

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

10154.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) TERRY BOVIN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2014
Mailing Address 525 PARK AVE.		Transaction ID : SA12.2190
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation NONPROFIT WORK	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) ANNE DAIS GRIFFIN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2014
Mailing Address 180 N. STETSON AVE. STE. 5150		Transaction ID : SA12.2189
City CHICAGO	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ARAGON GLOBAL MANAGEMENT	Occupation MANAGING PARTNER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) KENNETH C. GRIFFIN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2014
Mailing Address 131 S. DEARBORN ST.		Transaction ID : SA12.2188
City CHICAGO	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer CITADEL LLC	Occupation FOUNDER/CEO	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
HELEN O'NEILL SCHWAB

Mailing Address
P.O. BOX 620070

City: WOODSIDE State: CA Zip Code: 94062-0070

FEC ID number of contributing federal political committee: C

Name of Employer: CHARLES AND HELEN SCHWAB FOUNDATIC Occupation: PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 24 / 2014

Transaction ID : SA12.2191

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JULIE ANNE WEINDLING

Mailing Address
101 WORTH AVE. APT. 2D

City: PALM BEACH State: FL Zip Code: 33480-4476

FEC ID number of contributing federal political committee: C

Name of Employer: MEDIC TRUST Occupation: CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5200.00

Date of Receipt: 06 / 24 / 2014

Transaction ID : SA12.2192

Amount of Each Receipt this Period: 2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WINNING WOMEN

Mailing Address 228 S. WASHINGTON STREET STE 115

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

FEC ID number of contributing federal political committee: C C00558361

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 150547.84

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA12.2193

Amount of Each Receipt this Period: 9537.95

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

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

9537.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
ANNE DAIS GRIFFIN

Mailing Address
180 N. STETSON AVE. STE. 5150

City State Zip Code
CHICAGO IL 60601-6710

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

Name of Employer Occupation
ARAGON GLOBAL MANAGEMENT MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA12.2195

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address
131 S. DEARBORN ST.

City State Zip Code
CHICAGO IL 60603-5517

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

Name of Employer Occupation
CITADEL LLC FOUNDER/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA12.2194

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HELEN O'NEILL SCHWAB

Mailing Address
P.O. BOX 620070

City State Zip Code
WOODSIDE CA 94062-0070

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

Name of Employer Occupation
CHARLES AND HELEN SCHWAB FOUNDATIC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2014

Transaction ID : SA12.2196

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 101
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
JULIE ANNE WEINDLING

Mailing Address
101 WORTH AVE. APT. 2D

City PALM BEACH State FL Zip Code 33480-4476

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

Name of Employer MEDIC TRUST Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA12.2197

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

[MEMO ITEM]

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

86005.42

**SCHEDULE A (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 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial)
SCM ASSOCIATES INC

Mailing Address 1283 MAIN ST PO BOX 254

City DUBLIN State NH Zip Code 03444

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2811.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA14.6007

Amount of Each Receipt this Period
2811.25

REFUND- PRINTING

ORIGINAL PAYMENT 4/23/14: \$12,326.40

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2811.25

2811.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. ETHAN GILBERT		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 140 PARK AVE		Amount of Each Disbursement this Period 2325.59
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement CAMPAIGN CONSULTING	Transaction ID : SB17.458
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JEFFREY GRAHAM		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 557 PEARL STREET		Amount of Each Disbursement this Period 225.00
City WATERTOWN	State NY	
Zip Code 13601-2108	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.2266
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	INKIND- FOOD/BEVERAGES
State: District:		

Full Name (Last, First, Middle Initial) C. SUZANNE HOFFMAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 100 GLEN ST STE 3A		Amount of Each Disbursement this Period 1500.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement INKIND- OFFICE RENT	Transaction ID : SB17IK,1000
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4050.59
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 59 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. MATT MASTERSON			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 533 E 8TH AVE			Amount of Each Disbursement this Period 7000.00	
City TALLAHASSEE	State FL	Zip Code 32301	Transaction ID : SB17.512	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. JACK MOULTON			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 1465 CASTLERIDGE RD			Amount of Each Disbursement this Period 436.71	
City CASTLETON	State NY	Zip Code 12033	Transaction ID : SB17.457	
Purpose of Disbursement CAMPAIGN CONSULTING		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) C. JACK MOULTON			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014	
Mailing Address 1465 CASTLERIDGE RD			Amount of Each Disbursement this Period 290.32	
City CASTLETON	State NY	Zip Code 12033	Transaction ID : SB17.459	
Purpose of Disbursement CAMPAIGN CONSULTING		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:				

SUBTOTAL of Disbursements This Page (optional).....	7727.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 101	
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. JACK MOULTON		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 1465 CASTLERIDGE RD		Amount of Each Disbursement this Period 1500.00
City CASTLETON State NY Zip Code 12033	Purpose of Disbursement CAMPAIGN CONSULTING	
Candidate Name		Transaction ID : SB17.461
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. JACK MOULTON		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 1465 CASTLERIDGE RD		Amount of Each Disbursement this Period 224.26
City CASTLETON State NY Zip Code 12033	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name		Transaction ID : SB17.547
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. JACK MOULTON		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 1465 CASTLERIDGE RD		Amount of Each Disbursement this Period 237.64
City CASTLETON State NY Zip Code 12033	Purpose of Disbursement TRAVEL- MILEAGE	
Candidate Name		Transaction ID : SB17.549
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1961.90
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 61 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. ANTHONY PILEGGI		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 79 WARREN STREET APT 306		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.511
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MICHAEL RING		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 12485 CO. RT. 66		Amount of Each Disbursement this Period 419.63 Transaction ID : SB17.2267
City ADAMS CENTER	State NY	
Zip Code 13606-	Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	INKIND- FOOD/BEVERAGE/LUMBER

Full Name (Last, First, Middle Initial) C. CHAUNCEY SOUTHWORTH		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 75 CHERRY ST		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.460
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement CAMPAIGN CONSULTING	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:	

SUBTOTAL of Disbursements This Page (optional).....	5219.63
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 62 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CHAUNCEY SOUTHWORTH		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 75 CHERRY ST		Amount of Each Disbursement this Period 895.00 Transaction ID : SB17.462
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement CAMPAIGN CONSULTING	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. JAMES E WALSH ESQ		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 20 CHURCH AVE		Amount of Each Disbursement this Period 4215.95 Transaction ID : SB17.491
City BALLSTON SPA	State NY	
Zip Code 12020	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MARK WESTCOTT		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 31 OAKWOOD DR.		Amount of Each Disbursement this Period 245.00 Transaction ID : SB17.2268
City QUEENSBURY	State NY	
Zip Code 12804-1327	Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	INKIND- POSTAGE

SUBTOTAL of Disbursements This Page (optional).....	5355.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. ADIRONDACK HARDWARE			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 1698 FRONT ST			Amount of Each Disbursement this Period 64.82 Transaction ID : SB17.507
City KEESEVILLE	State NY	Zip Code 12944	
Purpose of Disbursement OFFICE SUPPLIES		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. AMERICA'S BEST VALUE INN			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 19 BOOTH DR			Amount of Each Disbursement this Period 469.60 Transaction ID : SB17.542
City PLATTSBURGH	State NY	Zip Code 12901	
Purpose of Disbursement TRAVEL		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) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address PO BOX 981532			Amount of Each Disbursement this Period 173.95 Transaction ID : SB17.465
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		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:			

SUBTOTAL of Disbursements This Page (optional).....	708.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 50 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 41.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL	Transaction ID : SB17.528
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BUTCHER BLOCK		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 15 BOOTH DR		Amount of Each Disbursement this Period 100.01
City PLATTSBURGH	State NY	
Zip Code 12901	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.481
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMEL TRADERS ACES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 7 MONROE ST		Amount of Each Disbursement this Period 162.00
City TROY	State NY	
Zip Code 12180	Purpose of Disbursement EQUIPMENT PURCHASE	Transaction ID : SB17.469
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	303.01
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 65 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CAMPAIGNHQ		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 700 PLEASANT ST		Amount of Each Disbursement this Period 2375.20
City BROOKLYN	State IA	
Zip Code 52211	Purpose of Disbursement MESSAGE PHONE CALLS	Transaction ID : SB17.499
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAMPAIGNHQ		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 700 PLEASANT ST		Amount of Each Disbursement this Period 2831.63
City BROOKLYN	State IA	
Zip Code 52211	Purpose of Disbursement MESSAGE PHONE CALLS	Transaction ID : SB17.500
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGNHQ		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 700 PLEASANT ST		Amount of Each Disbursement this Period 2904.00
City BROOKLYN	State IA	
Zip Code 52211	Purpose of Disbursement MESSAGE PHONE CALLS	Transaction ID : SB17.501
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8110.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. CAMPAIGNHQ		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 700 PLEASANT ST		Amount of Each Disbursement this Period 1764.76 Transaction ID : SB17.502
City BROOKLYN	State IA	
Zip Code 52211	Purpose of Disbursement MESSAGE PHONE CALLS	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. CHIPOTLE		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 1290 ARSENAL ST #7		Amount of Each Disbursement this Period 13.90 Transaction ID : SB17.485
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement FOOD/BEVERAGES	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) C. CMDI		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.466
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEES	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:	

SUBTOTAL of Disbursements This Page (optional).....	2576.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. COMPLIANCE CONSULTING CO OF VIRGINIA LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 1525.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.463
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CRANIAL SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 104 EVERETT RD STE A		Amount of Each Disbursement this Period 784.00
City ALBANY	State NY	
Zip Code 12205	Purpose of Disbursement PRINTING	Transaction ID : SB17.523
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CSC CAPITAL LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 38 CONDON RD		Amount of Each Disbursement this Period 5500.00
City STILLWATER	State NY	
Zip Code 12170	Purpose of Disbursement FINANCE CONSULTING	Transaction ID : SB17.476
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7809.00
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 68 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 311 CORNELIA ST		Amount of Each Disbursement this Period 21.98
City PLATTSBURGH	State NY	
Zip Code 12901	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.480
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 311 CORNELIA ST		Amount of Each Disbursement this Period 5.46
City PLATTSBURGH	State NY	
Zip Code 12901	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.484
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 311 CORNELIA ST		Amount of Each Disbursement this Period 22.76
City PLATTSBURGH	State NY	
Zip Code 12901	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.486
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	50.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 311 CORNELIA ST		Amount of Each Disbursement this Period 5.54
City PLATTSBURGH	State NY	
Zip Code 12901	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.487
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EXXONMOBIL		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 3225 GALLOWS RD		Amount of Each Disbursement this Period 63.64
City FAIRFAX	State VA	
Zip Code 22037	Purpose of Disbursement TRAVEL	Transaction ID : SB17.552
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FAIRFIELD INN		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 155.04
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement TRAVEL	Transaction ID : SB17.538
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	224.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. FAIRFIELD INN		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 6,000.00 Transaction ID : SB17.539
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement TRAVEL	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. FAIRFIELD INN		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 250 COMMERCE PARK DR		Amount of Each Disbursement this Period 1,000.00 Transaction ID : SB17.554
City WATERTOWN	State NY	
Zip Code 13601	Purpose of Disbursement TRAVEL	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) C. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 1,000.00 Transaction ID : SB17.456
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	642.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 142.47 Transaction ID : SB17.467
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement CREDIT CARD MERCHANT FEES	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. FIRST NIAGARA BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address PO BOX 514		Amount of Each Disbursement this Period 897.26 Transaction ID : SB17.468
City LOCKPORT	State NY	
Zip Code 14095	Purpose of Disbursement EQUIPMENT PURCHASE	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) C. FULL MOON TAVERN		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 490 GLEN LAKE RD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.472
City LAKE GEORGE	State NY	
Zip Code 12845	Purpose of Disbursement FACILITY RENTAL/CATERING	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:	

SUBTOTAL of Disbursements This Page (optional).....	2039.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. FULL MOON TAVERN		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 490 GLEN LAKE RD		Amount of Each Disbursement this Period 820.00 Transaction ID : SB17.473	
City LAKE GEORGE State NY Zip Code 12845	Purpose of Disbursement FACILITY RENTAL/CATERING Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name State: District:		State: District:	

Full Name (Last, First, Middle Initial) B. FULL MOON TAVERN		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 490 GLEN LAKE RD		Amount of Each Disbursement this Period 2860.00 Transaction ID : SB17.474	
City LAKE GEORGE State NY Zip Code 12845	Purpose of Disbursement FACILITY RENTAL/CATERING Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name State: District:		State: District:	

Full Name (Last, First, Middle Initial) C. GLENS FALLS PRINTING		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 51 HUDSON AVE		Amount of Each Disbursement this Period 4214.46 Transaction ID : SB17.519	
City GLENS FALLS State NY Zip Code 12801	Purpose of Disbursement PRINTING Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name State: District:		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7894.46
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. GLENS FALLS PRINTING		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 51 HUDSON AVE		Amount of Each Disbursement this Period 2965.75
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement PRINTING	Transaction ID : SB17.520
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GULF OIL		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 1529 CRESCENT RD		Amount of Each Disbursement this Period 55.00
City CLIFTON PARK	State NY	
Zip Code 12065	Purpose of Disbursement TRAVEL	Transaction ID : SB17.529
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GULF OIL		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 1529 CRESCENT RD		Amount of Each Disbursement this Period 54.59
City CLIFTON PARK	State NY	
Zip Code 12065	Purpose of Disbursement TRAVEL	Transaction ID : SB17.543
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3075.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. GULF OIL		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1529 CRESCENT RD		Amount of Each Disbursement this Period 35.00
City CLIFTON PARK	State NY	
Zip Code 12065	Purpose of Disbursement TRAVEL	Transaction ID : SB17.546
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HESS EXPRESS		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 7961 BREWERTON RD		Amount of Each Disbursement this Period 54.99
City CICERO	State NY	
Zip Code 13039	Purpose of Disbursement TRAVEL	Transaction ID : SB17.526
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. IMG E LLC		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 603 KING ST 4TH FL		Amount of Each Disbursement this Period 3105.13
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Transaction ID : SB17.513
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3195.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. INN TOWNE MOTEL		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 227 N WASHINGTON ST		Amount of Each Disbursement this Period 64.93 Transaction ID : SB17.562
City HERKIMER State NY Zip Code 13350	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 4055 CORPORATE DR STE 100		Amount of Each Disbursement this Period 29.11 Transaction ID : SB17.525
City GRAPEVINE State TX Zip Code 76051	Purpose of Disbursement SUBSCRIPTIONS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 135 PROFESSIONAL DRIVE STE 104		Amount of Each Disbursement this Period 11198.71 Transaction ID : SB17.521
City PONTE VEDRA BEACH State FL Zip Code 32082	Purpose of Disbursement PRINTING/POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11292.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 101			
	<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)
Elise for Congress

A. MAJORITY STRATEGIES

Full Name (Last, First, Middle Initial)
Mailing Address 135 PROFESSIONAL DRIVE STE 104

City: PONTE VEDRA BEACH State: FL Zip Code: 32082

Purpose of Disbursement: PRINTING/POSTAGE

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 06 / 13 / 2014

Amount of Each Disbursement this Period: 5364.96

Transaction ID : SB17.522

B. MASSIES RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 69 MAIN ST

City: GLENS FALLS State: NY Zip Code: 12803

Purpose of Disbursement: FOOD/BEVERAGES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 06 / 05 / 2014

Amount of Each Disbursement this Period: 104.50

Transaction ID : SB17.478

C. MEDIA AD VENTURES INC

Full Name (Last, First, Middle Initial)
Mailing Address 8136 OLD KEENE MILL RD STE A-300

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: MEDIA

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 90000.00

Transaction ID : SB17.561

SUBTOTAL of Disbursements This Page (optional) 95469.46

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial)
A. NATIONAL GRID

Mailing Address 1535 PITKIN AVE

City BROOKLYN State NY Zip Code 11212

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 18 / 2014

Amount of Each Disbursement this Period: 452.95

Transaction ID : SB17.557

Full Name (Last, First, Middle Initial)
B. NEW YORK PRESS SERVICE INC

Mailing Address 1681 WESTERN AVE

City ALBANY State NY Zip Code 12203

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 10216.30

Transaction ID : SB17.495

Full Name (Last, First, Middle Initial)
C. NEW YORK PRESS SERVICE INC

Mailing Address 1681 WESTERN AVE

City ALBANY State NY Zip Code 12203

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 4726.22

Transaction ID : SB17.496

SUBTOTAL of Disbursements This Page (optional)..... 15395.47

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 101			
	<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)
Elise for Congress

A. PRIME NEW YORK

Full Name (Last, First, Middle Initial)
Mailing Address 233 BROADWAY SUITE 702

City NEW YORK State NY Zip Code 10279

Purpose of Disbursement LIST PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 16 / 2014

Amount of Each Disbursement this Period: 368.76

Transaction ID : SB17.492

B. QUEENSBURY HOTEL

Full Name (Last, First, Middle Initial)
Mailing Address 88 RIDGE ST

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 27 / 2014

Amount of Each Disbursement this Period: 1889.01

Transaction ID : SB17.475

C. RED OCTOBER PRODUCTIONS INC

Full Name (Last, First, Middle Initial)
Mailing Address 575 MAIN STREET STE 251

City LAUREL State MD Zip Code 20707

Purpose of Disbursement MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 10 / 2014

Amount of Each Disbursement this Period: 2180.00

Transaction ID : SB17.494

SUBTOTAL of Disbursements This Page (optional) 4437.77

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. RED OCTOBER PRODUCTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 575 MAIN STREET STE 251			Amount of Each Disbursement this Period 6500.00 Transaction ID : SB17.497
City LAUREL	State MD	Zip Code 20707	
Purpose of Disbursement MEDIA		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. RED OCTOBER PRODUCTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 575 MAIN STREET STE 251			Amount of Each Disbursement this Period 7460.36 Transaction ID : SB17.498
City LAUREL	State MD	Zip Code 20707	
Purpose of Disbursement MEDIA/TRAVEL		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. SAVORY DOWNTOWN			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 300 WASHINGTON ST			Amount of Each Disbursement this Period 669.41 Transaction ID : SB17.471
City WATERTOWN	State NY	Zip Code 13601	
Purpose of Disbursement FACILITY RENTAL/CATERING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	14629.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 392.00 Transaction ID : SB17.533
City DALLAS State TX Zip Code 75235	Purpose of Disbursement TRAVEL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 143.70 Transaction ID : SB17.503
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 71.86 Transaction ID : SB17.504
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	607.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 83.13 Transaction ID : SB17.505
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 37.44 Transaction ID : SB17.506
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 58.39 Transaction ID : SB17.508
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	178.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 213.99 Transaction ID : SB17.509
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 752 UPPERGLEN ST		Amount of Each Disbursement this Period 234.75 Transaction ID : SB17.510
City QUEENSBURY State NY Zip Code 12804	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STEWARTS SHOP		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 4717 STATE ROUTE 9		Amount of Each Disbursement this Period 58.01 Transaction ID : SB17.532
City PLATTSBURGH State NY Zip Code 12901	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	506.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STEWARTS SHOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 4717 STATE ROUTE 9		Amount of Each Disbursement this Period 50.99
City PLATTSBURGH	State NY	
Zip Code 12901	Purpose of Disbursement TRAVEL	Transaction ID : SB17.536
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STEWARTS SHOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 4717 STATE ROUTE 9		Amount of Each Disbursement this Period 58.00
City PLATTSBURGH	State NY	
Zip Code 12901	Purpose of Disbursement TRAVEL	Transaction ID : SB17.545
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STEWARTS SHOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 4717 STATE ROUTE 9		Amount of Each Disbursement this Period 72.40
City PLATTSBURGH	State NY	
Zip Code 12901	Purpose of Disbursement TRAVEL	Transaction ID : SB17.551
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	181.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. STEWARTS SHOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 4717 STATE ROUTE 9		Amount of Each Disbursement this Period 626.37 Transaction ID : SB17.553
City PLATTSBURGH State NY Zip Code 12901	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STEWARTS SHOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 4717 STATE ROUTE 9		Amount of Each Disbursement this Period 79.37 Transaction ID : SB17.555
City PLATTSBURGH State NY Zip Code 12901	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRATEGIC PARTNERS & MEDIA INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 575 MAIN ST STE 251		Amount of Each Disbursement this Period 491.00 Transaction ID : SB17.548
City LAUREL State MD Zip Code 20707	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	626.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.530
City CANASTOTA	State NY	
Zip Code 13032	Purpose of Disbursement TRAVEL	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. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 31.00 Transaction ID : SB17.531
City CANASTOTA	State NY	
Zip Code 13032	Purpose of Disbursement TRAVEL	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) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 29.38 Transaction ID : SB17.534
City CANASTOTA	State NY	
Zip Code 13032	Purpose of Disbursement TRAVEL	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:	

SUBTOTAL of Disbursements This Page (optional).....	120.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 64.53 Transaction ID : SB17.535
City CANASTOTA State NY Zip Code 13032	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 55.70 Transaction ID : SB17.537
City CANASTOTA State NY Zip Code 13032	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.540
City CANASTOTA State NY Zip Code 13032	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	150.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 73.79
City CANASTOTA	State NY	
Zip Code 13032	Purpose of Disbursement TRAVEL	Transaction ID : SB17.541
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 55.11
City CANASTOTA	State NY	
Zip Code 13032	Purpose of Disbursement TRAVEL	Transaction ID : SB17.544
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 43.75
City CANASTOTA	State NY	
Zip Code 13032	Purpose of Disbursement TRAVEL	Transaction ID : SB17.550
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	172.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 101		
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 353 N PETERSBORO ST I-90		Amount of Each Disbursement this Period 5.33 Transaction ID : SB17.556
City CANASTOTA	State NY	
Zip Code 13032	Purpose of Disbursement TRAVEL	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. TALA BISTRO		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 626 NEW LOUDON RD		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.563
City LATHAM	State NY	
Zip Code 12110	Purpose of Disbursement FOOD/BEVERAGES	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) C. TALK OF THE TOWN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 74 HUDSON AVE		Amount of Each Disbursement this Period 25.70 Transaction ID : SB17.479
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement FOOD/BEVERAGES	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:	

SUBTOTAL of Disbursements This Page (optional).....	43.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address PO BOX 70872		Amount of Each Disbursement this Period 226.44 Transaction ID : SB17.558
City CHARLOTTE	State NC Zip Code 28272	
Purpose of Disbursement UTILITIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address PO BOX 70872		Amount of Each Disbursement this Period 221.42 Transaction ID : SB17.559
City CHARLOTTE	State NC Zip Code 28272	
Purpose of Disbursement UTILITIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 70872		Amount of Each Disbursement this Period 210.88 Transaction ID : SB17.560
City CHARLOTTE	State NC Zip Code 28272	
Purpose of Disbursement UTILITIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	658.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 17.95
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.514
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 19.99
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.515
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 784.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.516
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	821.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 19.99
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.517
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 16 HUDSON AVE		Amount of Each Disbursement this Period 58.00
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement POSTAGE	Transaction ID : SB17.518
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UTICA FIRST INSURANCE COMPANY		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 5981 AIRPORT RD		Amount of Each Disbursement this Period 156.00
City ORISKANY	State NY	
Zip Code 13424	Purpose of Disbursement INSURANCE	Transaction ID : SB17.490
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	233.99
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 93 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. VILLAGE MEAT MARKET		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 3609 ESSEX RD		Amount of Each Disbursement this Period 17.17
City WILLSBORO	State NY	
Zip Code 12996	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.482
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VILLAGE MEAT MARKET		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 3609 ESSEX RD		Amount of Each Disbursement this Period 26.73
City WILLSBORO	State NY	
Zip Code 12996	Purpose of Disbursement FOOD/BEVERAGES	Transaction ID : SB17.483
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WALMART SUPERCENTER		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 891 STATE ROUTE 9		Amount of Each Disbursement this Period 23.75
City QUEENSBURY	State NY	
Zip Code 12804	Purpose of Disbursement FOOD/BEVERAGES/OFFICE SUPPLIES	Transaction ID : SB17.477
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	67.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 101	
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial)
A. WASHINGTON STREET PROPERTIES LLC

Mailing Address 215 WASHINGTON ST STE 001

City WATERTOWN State NY Zip Code 13601

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 1050.00

Transaction ID : SB17.524

Full Name (Last, First, Middle Initial)
B. ZEKE'S PUB

Mailing Address 3922 NEW YORK 22

City WILLSOBOR State NY Zip Code 12996

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 26 / 2014

Amount of Each Disbursement this Period: 48.02

Transaction ID : SB17.489

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

Mailing Address 138 CONANT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement INKIND- LIST RENTAL

Candidate Name MAVERICK PAC USA

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 13 / 2014

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17IK.1001

SUBTOTAL of Disbursements This Page (optional) 1298.02

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 95 OF 101			
	<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)
Elise for Congress

Full Name (Last, First, Middle Initial) A. MAVERICK PAC USA			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 138 CONANT ST			Amount of Each Disbursement this Period 200.00 Transaction ID : SB17IK.1004
City BEVERLY	State MA	Zip Code 01915	
Purpose of Disbursement INKIND- LIST RENTAL		Category/ Type	
Candidate Name MAVERICK PAC USA			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. PROSPERITY PAC			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 1006 PENDLETON ST			Amount of Each Disbursement this Period 196.25 Transaction ID : SB17.493
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement LIST RENTAL		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) C. RIGHT NOW WOMEN PAC			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address PO BOX 30844			Amount of Each Disbursement this Period 2.07 Transaction ID : SB17.464
City BETHESDA	State MD	Zip Code 20824	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		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: _____		

SUBTOTAL of Disbursements This Page (optional).....	398.32
TOTAL This Period (last page this line number only).....	208751.11

**SCHEDULE B (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 101			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Elise for Congress

Full Name (Last, First, Middle Initial) A. MATTHEW J SIMPSON		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO BOX 324		Amount of Each Disbursement this Period 620.00
City BRANT LAKE	State NY	
Zip Code 12815		Transaction ID : SB20A.123
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement	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:		

SUBTOTAL of Disbursements This Page (optional).....	620.00
TOTAL This Period (last page this line number only).....	620.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Elise for Congress

Transaction ID : SC/10.5374

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

ELISE M STEFANIK

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 17

City State ZIP Code
WILLSBORO NY 12996

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
15000.00 0.00 15000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 24 / 2013 ON DEMAND 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 15000.00

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5374

The interest rate for Candidate's Loan is none. The Commission's software specifications do not permit text in the interest rate fields on Schedule C.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Elise for Congress** Transaction ID : **SC.1234**

LOAN SOURCE Full Name (Last, First, Middle Initial) Elise M. Stefanik	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 17	

City	State	ZIP Code
Willsboro	NY	12996

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 30 / Y 2014 Y	M M / D D / ON DEMAND Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	20000.00
TOTALS This Period (last page in this line only).....	▶	35000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC.1234

The interest rate for Candidate's Loan is none. The Commission's software specifications do not permit text in the interest rate fields on Schedule C.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Elise for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MAJORITY STRATEGIES		Nature of Debt (Purpose): PRINTING/POSTAGE
Mailing Address 135 PROFESSIONAL DRIVE STE 104		
City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

Outstanding Balance Beginning This Period	Transaction ID : SD10.36	
<input type="text" value="11198.71"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="11744.16"/>	<input type="text" value="16563.67"/>	<input type="text" value="6379.20"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED OCTOBER PRODUCTIONS INC		Nature of Debt (Purpose): MEDIA/TRAVEL
Mailing Address 575 MAIN ST STE 251		
City	State	Zip Code
LAUREL	MD	20707

Outstanding Balance Beginning This Period	Transaction ID : SD.5678	
<input type="text" value="7460.36"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="8680.00"/>	<input type="text" value="16140.36"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WILEY REIN LLP		Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 1776 K ST NW		
City	State	Zip Code
WASHINGTON	DC	20006

Outstanding Balance Beginning This Period	Transaction ID : SD10.34	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="8879.20"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="8879.20"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="35000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="43879.20"/>