



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Engel 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))....	61700.00	67950.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61700.00	67950.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	77684.78	163154.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	77684.78	163154.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	232251.82	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Engel for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38200.00	44400.00
(ii) Unitemized.....	0.00	50.00
(iii) TOTAL of contributions from individuals ▶	38200.00	44450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	23500.00	23500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	61700.00	67950.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	61700.00	67950.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	77684.78	163154.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	25750.00	27012.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	103434.78	190166.74

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	273986.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61700.00
25. SUBTOTAL (add Line 23 and Line 24).....	335686.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	103434.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	232251.82

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Wrong period was used It has been corrected to reflect Primary

Form/Schedule:  
Transaction ID:

**SCHEDULE A (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 56
	<input 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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel M Fireman**

Mailing Address 27 Appian Dr

City Wellesley Hills State MA Zip Code 02481-1308

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

Name of Employer Fireman Capital Partners Occupation Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : A7ADE8552F32542A4A71**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 3 Park Avenue

City New York State NY Zip Code 10016-5902

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

Name of Employer Pira Occupation Consulting

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : A63BBFDDEA0E047729AE**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joshua Donfeld**

Mailing Address 1427 N Kings Rd

City West Hollywood State CA Zip Code 90069-1907

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

Name of Employer Soros Fund Mgmt Occupation Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : A104CFA018FE2461393C**

Amount of Each Receipt this Period  
 2500.00

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

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

7500.00

**SCHEDULE A (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 56
	<input 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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>Imaad Zuberi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2015
Mailing Address 10166 Rush Street		<b>Transaction ID : A84299132221343058FC</b>
City South El Monte	State CA	
Zip Code 91733-3224		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5400.00
Name of Employer Avenue Ventures	Occupation private equity venture capital	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Darrin Blumenthal</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 12 / 2015
Mailing Address 95 Horatio St Apt. 10M		<b>Transaction ID : AA775DB121A5B439EA25</b>
City New York	State NY	
Zip Code 10014-1552		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Macquarie Securities	Occupation Finance	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Eric Aroesty</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 12 / 2015
Mailing Address 910 Sylvan Avenue		<b>Transaction ID : A67FAF5FEDAE349FC814</b>
City Englewood Cliffs	State NJ	
Zip Code 07632-3306		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Not Employed	Occupation Not Employed	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George D. Baker**

Mailing Address 5012 Scarsdale Road

City State Zip Code  
Bethesda MD 20816-2438

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

Name of Employer Occupation  
Williams & Jensen, PLLC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : A0B6853616F574CF2842**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Imaad Zuberi**

Mailing Address 10166 Rush Street

City State Zip Code  
South El Monte CA 91733-3224

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

Name of Employer Occupation  
Avenue Ventures private equity venture capital

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : A272BC72868354544801**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Sheldon Lerer**

Mailing Address 7 Suhl Ct

City State Zip Code  
Monsey NY 10952-1037

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

Name of Employer Occupation  
Aminco Resources Managing Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2015

**Transaction ID : AD17E099A571A4CCFBE3**

Amount of Each Receipt this Period  
1000.00

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gil A. Tenzer**

Mailing Address **240 East 47th Street**  
**Apt. 39D**

City **New York** State **NY** Zip Code **10017-2140**

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

Name of Employer **Contrarian Capital** Occupation **Finance**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2015**

**Transaction ID : A664E69272E5B4F14806**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Willa Rao**

Mailing Address **10166 Rush Street**

City **South El Monte** State **CA** Zip Code **91733-3224**

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

Name of Employer **CAI Industries** Occupation **Business**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A8D5D9522006C4D3EBDF**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mara D Talpins**

Mailing Address **22 Pryer Manor Rd**

City **Larchmont** State **NY** Zip Code **10538-3436**

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

Name of Employer **Not Applicable** Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2015**

**Transaction ID : A83353E8187AD48B6A3D**

Amount of Each Receipt this Period  
**2600.00**

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

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

**7800.00**

**SCHEDULE A (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 56
	<input 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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Willa Rao**

Mailing Address 10166 Rush Street

City South El Monte State CA Zip Code 91733-3224

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

Name of Employer CAI Industries Occupation Business

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : ABD800C1364044EFDB8A**

Amount of Each Receipt this Period  
**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mara D Talpins**

Mailing Address 22 Pryer Manor Rd

City Larchmont State NY Zip Code 10538-3436

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

Name of Employer Not Applicable Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2015**

**Transaction ID : ADC99236B52CB44B1BED**

Amount of Each Receipt this Period  
**2400.00**

**C.** Full Name (Last, First, Middle Initial)  
**Asifa Zuberi**

Mailing Address 10166 Rush Street

City South El Monte State CA Zip Code 91733-3224

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

Name of Employer NY State Health Department Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A9DB9F34723BB4E37897**

Amount of Each Receipt this Period  
**2700.00**

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

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

**7800.00**

**SCHEDULE A (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 56
	<input 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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Asifa Zuberi**

Mailing Address 10166 Rush Street

City South El Monte State CA Zip Code 91733-3224

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

Name of Employer NY State Health Department Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A5F235C997FED444E953**

Amount of Each Receipt this Period  
**2700.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**2700.00**

**38200.00**

**SCHEDULE A (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 56
	<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)  
**Engel for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal PAC**

Mailing Address 175 East Houston  
Room 7-A-50

City San Antonio State TX Zip Code 78205-2255

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : AB8B72BD745774E7F8FD**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Employees Of Northrop Grumman ENGPAC**

Mailing Address 520 S. Grand Ave.  
Suite 700

City Los Angeles State CA Zip Code 90071-2665

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : A0288919F98634D0E8F8**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Raytheon PAC**

Mailing Address 1100 Wilson Blvd  
Suite 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : AFF17BEAA2F02410CABF**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<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)  
**Engel for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**Capital One Assoc. Political Fund**

Mailing Address 1680 Capital One Drive

City State Zip Code  
Mc Lean VA 22102-3407

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : A83BC49ABA8894BC9994**

Amount of Each Receipt this Period  
 1000.00

**B. Full Name (Last, First, Middle Initial)**  
**Friends of Bud Cramer**

Mailing Address PO Box 2621

City State Zip Code  
Huntsville AL 35804-2621

FEC ID number of contributing federal political committee. **C C00239038**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A2828753E11334AFDA71**

Amount of Each Receipt this Period  
 1000.00

**C. Full Name (Last, First, Middle Initial)**  
**Boeing PAC**

Mailing Address 1200 Wilson Blvd

City State Zip Code  
Arlington VA 22209-2300

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : A570584D2CF5A49E69EA**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 56
	<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)  
**Engel for Congress**

**A. National Association of Broadcasters PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1771 N. Street, NW

City Washington	State DC	Zip Code 20036-2800
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : AE683E8509831479EB08**

Amount of Each Receipt this Period  
 1000.00

**B. Greenberg Traurig P.A. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1221 Brickell Avenue

City Miami	State FL	Zip Code 33131-3224
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C C00266585**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : A2869623282324CE7847**

Amount of Each Receipt this Period  
 1000.00

**C. Action Committee For Rural Electrificati - ACRE**

Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Wilson Blvd

City Arlington	State VA	Zip Code 22203-1867
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : AA64A085E9D984B01895**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<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)  
**Engel for Congress**

**A. New Democrat Coalition PAC**

Full Name (Last, First, Middle Initial)  
**New Democrat Coalition PAC**

Mailing Address **607 14th Street, NW  
Suite 800**

City **Washington** State **DC** Zip Code **20005-2005**

FEC ID number of contributing federal political committee. **C C00409730**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : A939877FB276546218B7**

Amount of Each Receipt this Period  
**2500.00**

**B. American Institute of CPAs**

Full Name (Last, First, Middle Initial)  
**American Institute of CPAs**

Mailing Address **Palladian Corporate Center I  
220 Leigh Farm Road**

City **Durham** State **NC** Zip Code **27707-8110**

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A7906F703F5064B3589F**

Amount of Each Receipt this Period  
**1000.00**

**C. American Association for Justice AAJ PAC**

Full Name (Last, First, Middle Initial)  
**American Association for Justice AAJ PAC**

Mailing Address **1050 31st Street, NW**

City **Washington** State **DC** Zip Code **20007-4405**

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : AC8C0BD6D4E9F40E0867**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<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)  
**Engel for Congress**

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

Mailing Address 1N Waukegan Road

City North Chicago State IL Zip Code 60064-1802

FEC ID number of contributing federal political committee. **C C00536573**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A5F2B9B159DBF4184BB5**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal PAC**

Mailing Address 175 East Houston  
Room 7-A-50

City San Antonio State TX Zip Code 78205-2255

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : AFA3B885F5CFE48AB954**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**College of American Pathologists PATHPAC**

Mailing Address 1350 I St NW  
Suite 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : A08E92FB83BF64432837**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
	<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)  
**Engel for Congress**

**A. National Cable & Telecommunications Asso**

Full Name (Last, First, Middle Initial)  
Mailing Address 1724 Massachusetts Avenue Nw

City Washington State DC Zip Code 20036-1903

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : AE7C4BB53489A4F4A94E**

Amount of Each Receipt this Period  
 1000.00

**B. American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : A2365FA50CE5C4413B7F**

Amount of Each Receipt this Period  
 1000.00

**C. Wine and Spirits Wholesalers of America**

Full Name (Last, First, Middle Initial)  
Mailing Address 805 15th St., NW Suite 430

City Washington State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : A51EAA6A789204E6B901**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 18 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**News America Holding FOX PAC**

Mailing Address 444 N Capitol Street - Suite 740

City Washington State DC Zip Code 20001-1512

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : A15ECC741138D40AB95A**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M 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

23500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Strategic Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 170 E Post Rd Frnt 2		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : B8120FCEE79424B90A8A</b>
City White Plains	State NY	
Zip Code 10601-4973	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Erickson &amp; Co</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 3675.52 <b>Transaction ID : B6702A31008414D27817</b>
City Washington	State DC	
Zip Code 20003-4006	Purpose of Disbursement Fundraising consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Cablevision</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address Story Ave		Amount of Each Disbursement this Period 204.56 <b>Transaction ID : B5E89C2A46CA54D009DB</b>
City Bronx	State NY	
Zip Code 10458-0000	Purpose of Disbursement Cable service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7380.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacqueline B Mishler</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 4 The Logging Road		Amount of Each Disbursement this Period 3200.00 <b>Transaction ID : B82C3807DDFFE45D99B4</b>
City Waccabuc	State NY Zip Code 10597-1015	
Purpose of Disbursement Fundraising consultant	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>B. Cablevision</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address Story Ave		Amount of Each Disbursement this Period 109.90 <b>Transaction ID : BAC9D64B06B8E4D52B58</b>
City Bronx	State NY Zip Code 10458-0000	
Purpose of Disbursement Cable service	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>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 140 West St		Amount of Each Disbursement this Period 510.52 <b>Transaction ID : BB0F1716D45E44BA784D</b>
City New York	State NY Zip Code 10007-2141	
Purpose of Disbursement Phone bill	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3820.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. At&amp;t Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address PO Box 8220		Amount of Each Disbursement this Period 336.40 <b>Transaction ID : BA911B60CDD824DC0A00</b>
City Aurora	State IL	
Zip Code 60572-8220	Purpose of Disbursement Phone bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 140 West St		Amount of Each Disbursement this Period 235.83 <b>Transaction ID : B3EEEE865579943F4AFF</b>
City New York	State NY	
Zip Code 10007-2141	Purpose of Disbursement Phone bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Cablevision</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address Story Ave		Amount of Each Disbursement this Period 209.60 <b>Transaction ID : BD8E087F4DC1D4C06AEA</b>
City Bronx	State NY	
Zip Code 10458-0000	Purpose of Disbursement Cable service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	781.83
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Intercreative Media</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2015
Mailing Address 33 West 63rd Street Fourth Floor		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : B9CAEDABF607A4070A8B</b>
City New York	State NY Zip Code 10023-7155	
Purpose of Disbursement website maintenance	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lori Copland</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 3816 Review Pl Apt 3B		Amount of Each Disbursement this Period 1305.00 <b>Transaction ID : B15BF486E5A3B4E5BA67</b>
City Bronx	State NY Zip Code 10463-2464	
Purpose of Disbursement Computer work	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bronx Democratic County Committee II</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 1640 Eastchester Road		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : BD3649B92093E4ABCB4F</b>
City Bronx	State NY Zip Code 10461-2316	
Purpose of Disbursement Brunch tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3805.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ben Franklin Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 304 West 231st Street		Amount of Each Disbursement this Period 365.00 <b>Transaction ID : BC1D514D3162A4618823</b>
City Bronx	State NY	
Zip Code 10463-3805	Purpose of Disbursement Membership dues	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Strategic Services</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 170 E Post Rd Frnt 2		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : BDAD2285434454F93921</b>
City White Plains	State NY	
Zip Code 10601-4973	Purpose of Disbursement Campaign Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Westchester Jewish Council</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 701 Westchester Ave Ste 203E		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B8B824FF90182472A8C1</b>
City White Plains	State NY	
Zip Code 10604-3078	Purpose of Disbursement Gala ad	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4865.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Erickson &amp; Co</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2015
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 3700.26 <b>Transaction ID : B603469A1839845FAA2B</b>
City Washington	State DC Zip Code 20003-4006	
Purpose of Disbursement Fundraising consultant	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jacqueline B Mishler</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2015
Mailing Address 4 The Logging Road		Amount of Each Disbursement this Period 3200.00 <b>Transaction ID : BB9517022DA2D4D42AEC</b>
City Waccabuc	State NY Zip Code 10597-1015	
Purpose of Disbursement Fundraising consultant	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lori Copland</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2015
Mailing Address 3816 Review Pl Apt 3B		Amount of Each Disbursement this Period 840.00 <b>Transaction ID : B2D043B2FAE0644EFA5F</b>
City Bronx	State NY Zip Code 10463-2464	
Purpose of Disbursement Computer work	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7740.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Black Democrats of Westchester</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2015</b>
Mailing Address <b>PO Box 438</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>BC46C3FE11215448E915</b>
City <b>Yonkers</b> State <b>NY</b> Zip Code <b>10702-0438</b>	Purpose of Disbursement <b>Journal ad &amp; tickets</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mt. Vernon Health Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2015</b>
Mailing Address <b>107 West 4th Street</b>		Amount of Each Disbursement this Period <b>800.00</b> Transaction ID : <b>B1916B5D8F4254E4EB1D</b>
City <b>Mount Vernon</b> State <b>NY</b> Zip Code <b>10550-4002</b>	Purpose of Disbursement <b>Journal ad &amp; tickets</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NY Prints</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2015</b>
Mailing Address <b>11-05 44th Drive</b>		Amount of Each Disbursement this Period <b>2558.26</b> Transaction ID : <b>B2BA652A04FC44D11AD7</b>
City <b>Long Island City</b> State <b>NY</b> Zip Code <b>11101-5107</b>	Purpose of Disbursement <b>Printing</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4358.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jade Multi-Family Service Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2015</b>
Mailing Address <b>Adee Ave</b>		Amount of Each Disbursement this Period <b>925.00</b> Transaction ID : <b>B8BF5881081E844349AF</b>
City <b>Bronx</b> State <b>NY</b> Zip Code <b>10468-0000</b>	Purpose of Disbursement <b>Journal ad &amp; tickets</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Irish Counties</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2015</b>
Mailing Address <b>Avenue</b>		Amount of Each Disbursement this Period <b>300.00</b> Transaction ID : <b>B916FDF7AE03D4D71908</b>
City <b>Woodside</b> State <b>NY</b> Zip Code <b>11377-0000</b>	Purpose of Disbursement <b>Journal ad</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Action Comm - NACPAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 20 / 2015</b>
Mailing Address <b>500 E Broward Blvd 18th Floor</b>		Amount of Each Disbursement this Period <b>1800.00</b> Transaction ID : <b>BCA2FECDC6DD140509D6</b>
City <b>Fort Lauderdale</b> State <b>FL</b> Zip Code <b>33394-3000</b>	Purpose of Disbursement <b>Dues</b>	
Candidate Name <b>National Action Comm - NACPAC</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3025.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 56	
	<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)  
**Engel for Congress**

**A. Elements**

Full Name (Last, First, Middle Initial)  
Mailing Address 161 Mamaroneck Ave

City White Plains State NY Zip Code 10601-5302

Purpose of Disbursement Fundraiser

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 20 / 2015

Amount of Each Disbursement this Period: 388.34

Transaction ID : BFB2D4F9D80844FC6944

**B. Pelham Democratic Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address Wolfs Lane

City Pelham State NY Zip Code 10803

Purpose of Disbursement ad

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 27 / 2015

Amount of Each Disbursement this Period: 250.00

Transaction ID : B43299512B369414BA02

**C. Allerton Homeowners**

Full Name (Last, First, Middle Initial)  
Mailing Address 1415 Allerton Ave

City Bronx State NY Zip Code 10469-5641

Purpose of Disbursement Journal ad & tickets

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 27 / 2015

Amount of Each Disbursement this Period: 550.00

Transaction ID : B0CE5A4F1A383400CAFF

**SUBTOTAL** of Disbursements This Page (optional) ..... 1188.34

**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 28 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial)  
**A. Strategic Services**

Mailing Address 170 E Post Rd  
Frnt 2

City White Plains State NY Zip Code 10601-4973

Purpose of Disbursement Campaign consultant

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 02 / 2015

Amount of Each Disbursement this Period: 3500.00

Transaction ID : B6D7F41B3B7984CF5BBA

Full Name (Last, First, Middle Initial)  
**B. Lori Copland**

Mailing Address 3816 Review Pl  
Apt 3B

City Bronx State NY Zip Code 10463-2464

Purpose of Disbursement Computer work

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2015

Amount of Each Disbursement this Period: 620.00

Transaction ID : B6655EAB4224B4AB7A46

Full Name (Last, First, Middle Initial)  
**c. Branford Communications**

Mailing Address 2 Grace Ct

City Brooklyn State NY Zip Code 11201-4184

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 05 / 2015

Amount of Each Disbursement this Period: 549.00

Transaction ID : B34F74043C0C64063BCB

**SUBTOTAL** of Disbursements This Page (optional) ..... 4669.00

**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 29 OF 56			
	<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)  
**Engel for Congress**

**A. Postmaster**

Full Name (Last, First, Middle Initial)  
Mailing Address 558 Grand Concourse

City Bronx State NY Zip Code 10451-9909

Purpose of Disbursement  
PO Box rental fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 05 / 2015

Amount of Each Disbursement this Period  
128.00

Transaction ID : BF2C0BB18ECC840F7B91

**B. American Express**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 327

City Newark State NJ Zip Code 07101-0327

Purpose of Disbursement  
Credit Card: See Below

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 05 / 2015

Amount of Each Disbursement this Period  
1286.37

Transaction ID : B28CA678576804E4FB23

**C. Aristotle International**

Full Name (Last, First, Middle Initial)  
Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Campaign software fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 05 / 2015

Amount of Each Disbursement this Period  
1800.00

Transaction ID : B0B6E3014AFC9475C884

**SUBTOTAL** of Disbursements This Page (optional)..... 3214.37

**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 30 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Morris Park Community Assoc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>
Mailing Address <b>Morris Park Ave</b>		Amount of Each Disbursement this Period <b>450.00</b> <b>Transaction ID : B1237B81783D447DAB76</b>
City <b>Bronx</b> State <b>NY</b> Zip Code <b>10469-0000</b>	Purpose of Disbursement <b>Journal ad &amp; Tickets</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Westchester County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>
Mailing Address <b>170 East Post Road</b>		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : B6F9B1363933F4065B2E</b>
City <b>White Plains</b> State <b>NY</b> Zip Code <b>10601-4909</b>	Purpose of Disbursement <b>Journal ad &amp; tickets</b>	
Candidate Name <b>Westchester County Democratic Committee</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address <b>PO Box 327</b>		Amount of Each Disbursement this Period <b>1859.20</b> <b>Transaction ID : BB1A5FB7B57D440058E3</b>
City <b>Newark</b> State <b>NJ</b> Zip Code <b>07101-0327</b>	Purpose of Disbursement <b>Credit Card: See Below</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4809.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacqueline B Mishler</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 4 The Logging Road		Amount of Each Disbursement this Period 3200.00 <b>Transaction ID : BE9B24ABE650B43CEA6A</b>
City Waccabuc	State NY	
Zip Code 10597-1015	Purpose of Disbursement Fundraising consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Erickson &amp; Co</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 3693.07 <b>Transaction ID : B31E8170296BE416FB60</b>
City Washington	State DC	
Zip Code 20003-4006	Purpose of Disbursement Fundraising consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. At&amp;t Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO Box 8220		Amount of Each Disbursement this Period 266.29 <b>Transaction ID : BD57AD3BBC4D943C7B1A</b>
City Aurora	State IL	
Zip Code 60572-8220	Purpose of Disbursement Phone bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7159.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. At&amp;t Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address PO Box 8220		Amount of Each Disbursement this Period 99.90 <b>Transaction ID : B13B83C1A79FB465DBA2</b>
City Aurora	State IL	
Zip Code 60572-8220	Purpose of Disbursement Phone bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 140 West St		Amount of Each Disbursement this Period 508.17 <b>Transaction ID : BFDF89C93E7C4464F92E</b>
City New York	State NY	
Zip Code 10007-2141	Purpose of Disbursement Phone bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Branford Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 2 Grace Ct		Amount of Each Disbursement this Period 1298.19 <b>Transaction ID : B2798D442AE81496386D</b>
City Brooklyn	State NY	
Zip Code 11201-4184	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1906.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Cablevision</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		13		2015
M M	/	D D	/	Y Y Y Y								
03		13		2015								
Mailing Address Story Ave		Amount of Each Disbursement this Period										
City	State											
Bronx	NY	<table border="1"> <tr> <td colspan="5">209.60</td> </tr> </table>	209.60									
209.60												
Zip Code 10458-0000		<b>Transaction ID : BC4EEE4D9A85B45DFAF7</b>										
Purpose of Disbursement Cable service												
Candidate Name		Category/Type										
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Verizon</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		13		2015
M M	/	D D	/	Y Y Y Y								
03		13		2015								
Mailing Address 140 West St		Amount of Each Disbursement this Period										
City	State											
New York	NY	<table border="1"> <tr> <td colspan="5">263.02</td> </tr> </table>	263.02									
263.02												
Zip Code 10007-2141		<b>Transaction ID : B0D931F004B1B450EBB2</b>										
Purpose of Disbursement Phone bill												
Candidate Name		Category/Type										
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. National Democratic Club</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		13		2015
M M	/	D D	/	Y Y Y Y								
03		13		2015								
Mailing Address 30 Ivy Street		Amount of Each Disbursement this Period										
City	State											
Washington	DC	<table border="1"> <tr> <td colspan="5">510.00</td> </tr> </table>	510.00									
510.00												
Zip Code 20003-4006		<b>Transaction ID : BBDC2BF40F9344C60B86</b>										
Purpose of Disbursement Catering for fundraiser												
Candidate Name		Category/Type										
Office Sought:	Disbursement For: 2016											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td colspan="5">982.62</td> </tr> </table>	982.62				
982.62						
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 56	
	<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)  
**Engel for Congress**

**A. Eastchester Irish American Social Club (EIASC)**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 142

City Eastchester State NY Zip Code 10709-0142

Purpose of Disbursement Journal ad

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 15 / 2015

Amount of Each Disbursement this Period: 500.00

Transaction ID : B94B13BA17C63455DAA4

**B. American Express**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 327

City Newark State NJ Zip Code 07101-0327

Purpose of Disbursement Credit Card: See Below

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 14 / 2015

Amount of Each Disbursement this Period: 2334.14

Transaction ID : B299979EDBA5543A5934

**C. Verizon**

Full Name (Last, First, Middle Initial)  
Mailing Address 140 West St

City New York State NY Zip Code 10007-2141

Purpose of Disbursement Phone bill

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 14 / 2015

Amount of Each Disbursement this Period: 384.46

Transaction ID : B4835033E4A114E73BE2

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 2834.14

**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 35 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Costco Wholesalers</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015	
Mailing Address Stew Leonard Dr			Amount of Each Disbursement this Period 66.69	
City Yonkers	State NY	Zip Code 10701-0000	Transaction ID : <b>BE277E8E2D3A44572A37</b>	
Purpose of Disbursement gas		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Best Buy Co.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015	
Mailing Address 2458 Central Park Ave			Amount of Each Disbursement this Period 66.07	
City Yonkers	State NY	Zip Code 10710-1125	Transaction ID : <b>BB4B74FD8DE724950B31</b>	
Purpose of Disbursement Campaign supplies		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Costco Wholesalers</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015	
Mailing Address Stew Leonard Dr			Amount of Each Disbursement this Period 487.75	
City Yonkers	State NY	Zip Code 10701-0000	Transaction ID : <b>B18C4C2C3A87C4D97B78</b>	
Purpose of Disbursement Stamps		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Costco Wholesalers</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address Stew Leonard Dr		Amount of Each Disbursement this Period 487.75
City Yonkers	State NY	
Zip Code 10701-0000	Purpose of Disbursement Stamps	Transaction ID : <b>BB3CA3233CB8A4946BCD</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address Broadway		Amount of Each Disbursement this Period 68.00
City Bronx	State NY	
Zip Code 10463	Purpose of Disbursement gas	Transaction ID : <b>B4724A71B74A54EE79EE</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. BJ's Wholesale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address 610 Exterior St		Amount of Each Disbursement this Period 299.28
City Bronx	State NY	
Zip Code 10451-2044	Purpose of Disbursement Campaign office supplies	Transaction ID : <b>B82F796B670314598A54</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address PO Box 327		Amount of Each Disbursement this Period 2453.47 <b>Transaction ID : BAF9E4734D5AA4EFA971</b>
City Newark	State NJ Zip Code 07101-0327	
Purpose of Disbursement Credit Card: See Below		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marriott Crystal City</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 1999 Jefferson Davis Hwy		Amount of Each Disbursement this Period 421.25 <b>Transaction ID : B2FD009F09A254100A45</b>
City Arlington	State VA Zip Code 22202-3526	
Purpose of Disbursement Lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address Longworth Bldg		Amount of Each Disbursement this Period 194.75 <b>Transaction ID : B43855E91BBCA4E9CAB3</b>
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Campaign gifts		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2453.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marriott Crystal City</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 1999 Jefferson Davis Hwy		Amount of Each Disbursement this Period 998.82
City Arlington	State VA	
Zip Code 22202-3526	Purpose of Disbursement Lodging	Transaction ID : <b>B59D2FD7E3D2D46D0801</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 140 West St		Amount of Each Disbursement this Period 384.60
City New York	State NY	
Zip Code 10007-2141	Purpose of Disbursement Phone Bill	Transaction ID : <b>B3BE5A2B70CB64434BA5</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address Broadway		Amount of Each Disbursement this Period 56.90
City Bronx	State NY	
Zip Code 10463	Purpose of Disbursement gas	Transaction ID : <b>BFA029AA5A0074AED9E7</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Green Terminal LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2015
Mailing Address 3010 Riverdale Ave		Amount of Each Disbursement this Period 60.01
City Bronx	State NY	
Zip Code 10463-3620	Purpose of Disbursement gas	Transaction ID : <b>BFCEC88418F984311B70</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address PO Box 327		Amount of Each Disbursement this Period 2584.32
City Newark	State NJ	
Zip Code 07101-0327	Purpose of Disbursement Credit Card: See Below	Transaction ID : <b>B2EEC7B72E0B843A1AA2</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address Longworth Bldg		Amount of Each Disbursement this Period 197.90
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Campaign gifts	Transaction ID : <b>B8C899FBD34584466BBB</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2584.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Blue Bay Diner</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 3533 Johnson Ave		Amount of Each Disbursement this Period 87.35
City Bronx	State NY	
Zip Code 10463-1602	Purpose of Disbursement Dinner with Consultants	Transaction ID : BE9164FE0475644B9B0A
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sunoco</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 238 W & Broad Way		Amount of Each Disbursement this Period 59.33
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement gas	Transaction ID : B311C434BB6614B72AFE
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sunoco</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 238 W & Broad Way		Amount of Each Disbursement this Period 54.51
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement gas	Transaction ID : B19E8829545954736BBD
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 140 West St		Amount of Each Disbursement this Period 362.97
City New York	State NY	
Zip Code 10007-2141	Purpose of Disbursement Phone bill	Transaction ID : BA12B12A3B0554B22856
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pizza Chef</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address Johnson Ave		Amount of Each Disbursement this Period 129.75
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement Dinner with Consultants	Transaction ID : B9E1476C49B0548F8918
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marriott Crystal City</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 1999 Jefferson Davis Hwy		Amount of Each Disbursement this Period 938.82
City Arlington	State VA	
Zip Code 22202-3526	Purpose of Disbursement Lodging	Transaction ID : B75084F898556489999A
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marriott Crystal City</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 1999 Jefferson Davis Hwy		Amount of Each Disbursement this Period 275.65 <b>Transaction ID : B9F1CA9EA86CD426A806</b>
City Arlington	State VA	
Zip Code 22202-3526	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2015
Mailing Address PO Box 327		Amount of Each Disbursement this Period 658.11 <b>Transaction ID : B5900104D277D401ABA1</b>
City Newark	State NJ	
Zip Code 07101-0327	Purpose of Disbursement Credit Card: See Below	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Choga Korean Restaurant</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2015
Mailing Address 145 Bleecker St		Amount of Each Disbursement this Period 286.89 <b>Transaction ID : B02B2805F2AD14074A9A</b>
City New York	State NY	
Zip Code 10012-1429	Purpose of Disbursement Dinner with Consultants	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	658.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address PO Box 327		Amount of Each Disbursement this Period 2418.57 <b>Transaction ID : B027950A5D8634C8491E</b>
City Newark	State NJ Zip Code 07101-0327	
Purpose of Disbursement Credit Card: See Below		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. At&amp;t Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address PO Box 8220		Amount of Each Disbursement this Period 210.72 <b>Transaction ID : B29B10063A9C74022B3A</b> <b>[MEMO ITEM]</b>
City Aurora	State IL Zip Code 60572-8220	
Purpose of Disbursement Phone bill		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheraton Society</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address One Dock Street, (2nd and Walnut S		Amount of Each Disbursement this Period 1150.00 <b>Transaction ID : BEC3F2F0705734E6C879</b> <b>[MEMO ITEM]</b>
City Philadelphia	State PA Zip Code 19106	
Purpose of Disbursement Lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2418.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Liebman's Deli</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 552 W 235th St		Amount of Each Disbursement this Period 58.88
City Bronx	State NY	
Zip Code 10463-1709	Purpose of Disbursement Lunch with Contributor	Transaction ID : <b>BF0D38FF52D714318B2D</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carmine's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 425 7th St Nw		Amount of Each Disbursement this Period 454.40
City Washington	State DC	
Zip Code 20004-2229	Purpose of Disbursement Fundraising diner	Transaction ID : <b>BEEDD8363A7C24431AF7</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address PO Box 327		Amount of Each Disbursement this Period 2492.00
City Newark	State NJ	
Zip Code 07101-0327	Purpose of Disbursement Credit Card: See Below	Transaction ID : <b>B13E0A3AA8E4B4A389CA</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2492.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Marriott Crystal City</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 1999 Jefferson Davis Hwy		Amount of Each Disbursement this Period 843.21
City Arlington	State VA	
Zip Code 22202-3526	Purpose of Disbursement Lodging	Transaction ID : <b>BAD505793E48E4C22BD0</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pizza Chef</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address Johnson Ave		Amount of Each Disbursement this Period 122.50
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement Lunch for Volunteers	Transaction ID : <b>BA1C64660B140482E8F1</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Pizza Chef</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address Johnson Ave		Amount of Each Disbursement this Period 94.00
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement Lunch for Volunteers	Transaction ID : <b>B9011984202944295A70</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Blue Bay Diner</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 3533 Johnson Ave		Amount of Each Disbursement this Period 84.18
City Bronx	State NY	
Zip Code 10463-1602	Purpose of Disbursement Dinner with Consultants	Transaction ID : B7EAB3710ABB74521BCB
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Costco Wholesalers</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address Stew Leonard Dr		Amount of Each Disbursement this Period 205.80
City Yonkers	State NY	
Zip Code 10701-0000	Purpose of Disbursement Campaign supplies	Transaction ID : B7A5702E628B94929A35
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 1 Amazon Way		Amount of Each Disbursement this Period 174.47
City Seattle	State WA	
Zip Code 98101-0000	Purpose of Disbursement Campaign computer parts	Transaction ID : BA8ABD1AE4AC54F308E9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Turkam, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address Flushing		Amount of Each Disbursement this Period 62.23
City	State Zip Code 0000	
Purpose of Disbursement gas	Candidate Name	Transaction ID : <b>BB4D0DA00E05D4695AFB</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Costco Wholesalers</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address Stew Leonard Dr		Amount of Each Disbursement this Period 487.75
City	State Zip Code NY 10701-0000	
Purpose of Disbursement Stamps	Candidate Name	Transaction ID : <b>B83D0B1AC0B464FF6A25</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Turkam, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address Flushing		Amount of Each Disbursement this Period 60.51
City	State Zip Code 0000	
Purpose of Disbursement gas	Candidate Name	Transaction ID : <b>BBA9680BC849A412EA5A</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Blue Bay Diner</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 3533 Johnson Ave		Amount of Each Disbursement this Period 88.06
City Bronx	State NY	
Zip Code 10463-1602	Purpose of Disbursement Lunch with Consultants	Transaction ID : B3C062B062C744657850
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Liebman's Deli</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 552 W 235th St		Amount of Each Disbursement this Period 159.19
City Bronx	State NY	
Zip Code 10463-1709	Purpose of Disbursement Dinner with consultant	Transaction ID : B0225A465CD26465DB13
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address PO Box 327		Amount of Each Disbursement this Period 1518.98
City Newark	State NJ	
Zip Code 07101-0327	Purpose of Disbursement Credit Card: See Below	Transaction ID : BF17EBB0472CD4F9AB76
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1518.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. We the Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 305 Pennsylvania Ave SE		Amount of Each Disbursement this Period 143.97
City Washington	State DC	
Zip Code 20003-1148	Purpose of Disbursement Dinner with consultants	Transaction ID : B9479FDB5450A4258879
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Legal Seafood</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 15 W Nyack		Amount of Each Disbursement this Period 221.33
City New City	State NY	
Zip Code 10956-0000	Purpose of Disbursement Dinner with Contributors	Transaction ID : B7516D2C0B45C4410921
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 238 W & Broad Way		Amount of Each Disbursement this Period 52.12
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement gas	Transaction ID : BB357857C83EA42F6B3A
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Turkam, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address Flushing		Amount of Each Disbursement this Period 35.96
City	State Zip Code 0000	
Purpose of Disbursement gas	Category/Type	Transaction ID : B508AD171308346DFB55 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Marriott Crystal City</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address 1999 Jefferson Davis Hwy		Amount of Each Disbursement this Period 463.30
City	State Zip Code VA 22202-3526	
Purpose of Disbursement Lodging	Category/Type	Transaction ID : B1E0F6CB51C894E7FA28 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Sunoco</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address 238 W & Broad Way		Amount of Each Disbursement this Period 63.65
City	State Zip Code NY 10463-0000	
Purpose of Disbursement gas	Category/Type	Transaction ID : B5583F6C3F22F4CA38DF <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Costco Wholesalers</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address Stew Leonard Dr		Amount of Each Disbursement this Period 487.50
City Yonkers	State NY Zip Code 10701-0000	
Purpose of Disbursement Stamps	Category/Type	Transaction ID : B4099F25CEE904F5E9BA
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address Broadway		Amount of Each Disbursement this Period 50.00
City Bronx	State NY Zip Code 10463	
Purpose of Disbursement gas	Category/Type	Transaction ID : B480121F1EDCE4E04BF6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address PO Box 327		Amount of Each Disbursement this Period 2140.64
City Newark	State NJ Zip Code 07101-0327	
Purpose of Disbursement Credit Card: See Below	Category/Type	Transaction ID : BAB7A1320BC7E46099F9
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2140.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 140 West St		Amount of Each Disbursement this Period 362.97
City New York	State NY	
Zip Code 10007-2141	Purpose of Disbursement phone bill	Transaction ID : <b>BDB9B182AF43E4F6E96F</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pizza Chef</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address Johnson Ave		Amount of Each Disbursement this Period 99.97
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement Dinner with consultants	Transaction ID : <b>BE57A8B872C3144F19D2</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address Longworth Bldg		Amount of Each Disbursement this Period 724.70
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Campaign gifts	Transaction ID : <b>BB70BFCF4B6104F8E967</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 56	
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Pizza Chef</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address Johnson Ave		Amount of Each Disbursement this Period 101.50
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement Dinner for volunteers	Transaction ID : B04482A346D7540F4A52
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BJ's Wholesale</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 610 Exterior St		Amount of Each Disbursement this Period 150.04
City Bronx	State NY	
Zip Code 10451-2044	Purpose of Disbursement Campaign office supplies	Transaction ID : B66EB04DF808B40178FA
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sun Corners Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address WEST 230th & Irwin Ave		Amount of Each Disbursement this Period 63.20
City Bronx	State NY	
Zip Code 10463-0000	Purpose of Disbursement gas	Transaction ID : B6D31979571414C71AD5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 56			
	<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)  
**Engel for Congress**

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address Longworth Bldg		Amount of Each Disbursement this Period 315.50
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Campaign gifts	Transaction ID : B52E70014DFE64141871
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	76805.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Shelley Mayer</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address PO Box 111		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : BA5F568D7A9164504A11</b>
City Yonkers	State NY	
Zip Code 10710-0111	Purpose of Disbursement Non-Federal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Williams for County Legislator</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 1 Park Avenue		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : BFA96D93932504772B95</b>
City Mount Vernon	State NY	
Zip Code 10550-2200	Purpose of Disbursement Non-Federal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Latimer for Senate</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 255 Halstead Avenue		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : B78D961320B7A4C1A832</b>
City Harrison	State NY	
Zip Code 10528-3617	Purpose of Disbursement Non-Federal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 56
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. DCCC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 09 / 2015</b>
Mailing Address <b>430 S. Capitol St. Se</b>		Amount of Each Disbursement this Period <b>10000.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-4024</b>
Purpose of Disbursement <b>Unlimited transfer to National Party</b>		Transaction ID : <b>B720523D4E6004EDB9EE</b>
Candidate Name <b>DCCC</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. DCCC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2015</b>
Mailing Address <b>430 S. Capitol St. Se</b>		Amount of Each Disbursement this Period <b>15000.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-4024</b>
Purpose of Disbursement <b>Unlimited transfer to National Party</b>		Transaction ID : <b>BB56F8783F33F4B87B25</b>
Candidate Name <b>DCCC</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement		
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)	Category/ Type
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>25000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>25750.00</b>